

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000006344

1. Corporation Name

PHILIP A. CARNEVALE, M.D., P.A.

Principal Place of Business

Mailing Address

RT. 3 BOX 138P
LAKE CITY FL 32025

PO BOX 909
LAKE CITY FL 32056

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

RTE 3, BOX 375
Suite, Apt. #, etc.
LAKE CITY, FL
City & State

3. New Mailing Office Address, If Applicable

PO BOX 909
Suite, Apt. #, etc.
LAKE CITY, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1998

5. FEI Number

59-3488334

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARNEVALE, PHILIP A	RT. 3, BOX 138P	LAKE CITY FL 32025
			000003068730--5
			-12/14/98--01020--002
			****750.00 ****750.00

REINSTATEMENT 99 11TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOWNEY, KEVIN I
2631 N.W. 41ST ST., STE. B-2
GAINESVILLE FL 32608

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

11/22/99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

PHILIP A. CARNEVALE, M.D., P.A.
P. O. Box 909
Lake City, FL 32056-0909

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

904-755-3535

Daytime Phone #