

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 26 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

798000006344
Philip A. Carnevale, M.D., P.A.

2. Principal Office Address

RTE. 7, Box 375

Suite, Apt. #, etc.

City & State

LAKE CITY, FL.

Zip

32055

Country

USA

3. Mailing Office Address

P.O. Box 3314

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33601

Country

USA

900005451549--0

-05/06/02--01005--013

******300.00 ****300.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/20/98

5. FEI Number

59-3488334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

7. Name and Address of Current Registered Agent

Name

PHILIP A. CARNEVALE, M.D.

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

RTE 7 BOX 375

~~PO BOX 3314~~

Suite, Apt. #, Etc.

~~TAMPA, FL 33601~~

City

LAKE CITY, FL

State

FL

Zip Code

32055

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]

Date

4/20/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Philip A. Carnevale M.D.	PO Box 3314	Tampa, FL 33601

10. 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

813-220-2228

Daytime Phone #

PHILIP A. CARNEVALE, M.D.

**Rte. 7, Box 375
Lake City, Florida 32055**

Tel: 904-755-3535

Fax: 904-719-9788

April 21, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FEI # 59-3488334 Reinstatement

Dear Sir or Madam:

Attached is the downloaded application for reinstatement of the Corporation named
Philip A. Carnevale, M.D., P.A.

Attached also is the required fee of \$300.00.

Please be advised that I have not received any registration forms for the last year 2001, or
this year 2002, and have corrected the addresses on the new application.

Thank you for your cooperation.

Sincerely,



PHILIP A. CARNEVALE, M.D.