

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016033

1. Corporation Name

TERESA CARROLL, CRNA, P.A.
6051 64th AVENUE, NORTH
PINELLAS PARK, FL 33781

2. Principal Office Address

6051 64th Avenue, North

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip

33781

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

Feb 18, 1998

5. FEI Number

59-3495686

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

Teresa Carroll

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

6051 64th Avenue, North

Suite, Apt. #, Etc.

City

Pinellas Park,

State
FL

Zip Code
33781

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

X Teresa Carroll

REGISTERED AGENT MUST SIGN

Date *X 4-24-02*

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
P/D	Teresa Carroll	6051 64th Avenue, N.	Pinellas Park, FL 33781

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

X Teresa Carroll, CRNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Carroll, President

Date

813-544-7194

Daytime Phone #

CR2E081 (9/01)