

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 AM 10:44

DOCUMENT # P98000028368

1. Corporation Name

INFECTIOUS DISEASE TREATMENT CORPORATION

Principal Place of Business

Mailing Address

2275 SWALLOW HILL ROAD
PITTSBURG PA 15220

2275 SWALLOW HILL ROAD
PITTSBURG PA 15220



REINSTATEMENT

03/26/1998

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2381749

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	KEELING, GLENN	2275 SWALLOW HILL ROAD	PITTSBURG PA 15220
D	COOPER, FRED E	2275 SWALLOW HILL ROAD	PITTSBURG PA 15220
D	FEOLA, T J	2275 SWALLOW HILL ROAD	PITTSBURG PA 15220
			900003515109--2 -12/28/00--01008--010 ****750.00 ****750.00
			8/12/01

8. Name and Address of Current Registered Agent

PRINZ, BETH T
1100 S. FEDERAL HIGHWAY
STUART FL 34994

9. Name and Address of New Registered Agent

Name
MR. RICHARD DUNGEY
Street Address (P.O. Box Number is Not Acceptable)
1100 S. FEDERAL HIGHWAY
Suite, Apt. #, Etc.
P. O. DRAWER 6
City
STUART
State
FL
Zip Code
34995-0006

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

Richard Dungey
REGISTERED AGENT MUST SIGN

Date

12/13/00

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.

SIGNATURE:

Michael J. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00 412-429-0673
Date Daytime Phone #