

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FZ

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037662

1. Corporation Name

SANDRA L. MONDRO, MD, P.A.



100023890951  
10/17/09--01032--023 \*\*150.00

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Principal Place of Business 1025 MILITARY TRAIL SUITE 200 JUPITER FL 33458 US	Mailing Address 2179 NORTHFORK DRIVE JUPITER FL 33458 US
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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 04/27/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0734318
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
OP	MONDRO, SANDRA L MD	2179 NORTHFORK DRIVE	JUPITER FL 33458

REINSTATEMENT

8. Name and Address of Current Registered Agent MONDRO, SANDRA L 2179 NORTHFORK DRIVE JUPITER FL 33458	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent [Signature] Date 10/9/13  
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.

SIGNATURE: [Signature] SANDRA L. MONDRO MD, PA 10/9/13 561-535-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

2012

Department of State  
Division of Corporations  
Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

Monday, October 13, 2003

To Whom It May Concern:

The Corporation Sandra L. Mondro MD PA never received a 2003 Annual Report/  
Uniform Business Report renewal form. The correct address of 2179 Northfork Dr. in  
Jupiter, FL 33458 should have been already in the system as of January 2003.

I am sorry about the inconvenience, and I am submitting a check for 150.00.

Sandra L. Mondro, MD PA

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65-0734318

Thank you,



Sandra L. Mondro