

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 13 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034695

1. Corporation Name

Richard J. Torricelli, M.D., P.A.

2. Principal Office Address

2002 Del Prado Boulevard

Suite, Apt. #, etc.

Suite # 101

City & State

Cape Coral, Florida

Zip

33990

Country

USA

3. Mailing Office Address

2002 Del Prado Boulevard

Suite, Apt. #, etc.

Suite # 101

City & State

Cape Coral, Florida

Zip

33990

Country

USA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1999

5. FEI Number

65-0917452

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

Nathan J. Adler, Esq.

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

3431 Pine Ridge Road

Suite, Apt. #, Etc.

Suite 101

City

Naples

State
FL

Zip Code

34109

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-09/18/02--01067--023
***1050.00 *** 050.00

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

REGISTERED AGENT MUST SIGN

Date

9-4-02

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
D	Richard J. Torricelli	2002 Del Prado Blvd, Suite 101	Cape Coral, FL 33990

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-4-02

239-573-1606

Daytime Phone #

CR2E281 (9/01)