

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038070

1. Corporation Name

LAKELAND NEUROMUSCULAR CENTER, INC.

Principal Place of Business

422 S. FLORIDA AVE. STE. D  
LAKELAND FL 33801

Mailing Address

422 S. FLORIDA AVE.  
STE. D  
LAKELAND FL 33801

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

6233 Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Richey FL

Zip

Country

Zip

Country

34688

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1999

5. FEI Number

59-3574308.

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	CARINO, RICHARD M.D.	422 SOUTH FLORIDA AVENUE SUITE D	LAKELAND FLORIDA FL 33801

000008790720  
11/04/02--01094--024 \*\*150.00

8. Name and Address of Current Registered Agent

CARINO, RICHARD PRESIDE  
422 S. FLORIDA AVE. STE. D  
LAKELAND FL 33801

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

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 (727) 847-2888

CR2E040 (8/02)

Lakeland Neuromuscular Center Inc  
422 South Florida Avenue  
Lakeland, Florida, 33801

October 30th 2002

To Whom It May Concern,

I have just received a notice of administrative dissolution or revocation for my Corporation.


I have not received prior U. B. R. notices.

I actually had checked my status on the Internet at my Florida.com., and it showed Corporation is active.

Please if possible wave the reinstatement fee.

Enclosed is the appropriate U. B. R. filing fee and this letter.

Thank you for your Corporation in this matter.



Richard Carino M.D.