

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|------------------------------|---|

DOCUMENT # P99000046474

1. Corporation Name

ARLENE R. MARTONE, M.D., P.A.

Principal Place of Business Mailing Address

4140 WOODMERE PARK BLVD.
STE. 2
VENICE FL 34293

4140 WOODMERE PARK BLVD.
STE. 2
VENICE FL 34293

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 | 05/19/1999 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. FEI Number | Applied For |
| City & State | City & State | 65-0922696 | 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|--|---|---|
| D | MARTONE, ARLENE R | 13840 LONG LAKE LANE | PORT CHARLOTTE FL 33953 |
| | | | 400004649384--3 -10/23/01--01022--013 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

MARTONE, ARLENE R
4140 WOODMERE PARK BLVD.
STE. 2
VENICE FL 34293

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

ARLENE R. MARTONE
REGISTERED AGENT MUST SIGN

Date

10/10/01

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: *ARLENE R. MARTONE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01 941-
408-9838
Date Daytime Phone #

Arlene R Martone, M.D., P.A.
Center For Health and Longevity
4140 Woodmere Park BLVD. STE2
Venice FL 34293 (941) 408-9838
FEI# 65-0922696

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

Wednesday, October 10, 2001

RE: Notice of Administrative Dissolution or Revocation

Dear State of Florida

Our office received the Notice of Administrative Dissolution or Revocation on October 10, 2001. This was the first time our office had received any notice of this kind or related to this. We called your office today to find out why we never received any notification until today. Your office informed me to write this letter and to only pay the \$150.00. Enclosed is a check for \$150.00 along with the completed form #P99000046474. Please do not charge us the \$600 reinstatement fee because we did not receive notice of this until today and we are responding immediately.

Sincerely,



Arlene R Martone, M.D.