

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1999

5. FEI Number

65-0922696

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)

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

9. Name and Address of New Registered Agent

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

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 #

CR2E040 (8/01)

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.