

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 23 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061337

1. Corporation Name

LUIS C. FAVILLI, M.D., P.A.

**REINSTATEMENT** 03

500024057805  
10/23/03--01089--023 \*\*758.75

2. Principal Office Address

3. Mailing Office Address

25 N. LANIER AVE.

JAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Meade, FL.

Zip

Country

Zip

Country

33841

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/1/1999

5. FEI Number

593591868

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

LUIS C. FAVILLI, MD

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

25 N. LANIER AVENUE

Suite, Apt. #, Etc.

City

Fort Meade

State

FL

Zip Code

33841

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

L Favilli

Date

10-18-2003

REGISTERED AGENT MUST SIGN

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
PD	<u>Luis C. Favilli, MD</u>	<u>25 N. LANIER AVENUE</u>	<u>Ft Meade, FL 33841</u>

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:

L Favilli

LUIS C. FAVILLI, MD

Date

10-18-03

Daytime Phone # 863-285-4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/10/25

CR2E081 (10/02)