

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000086288**

1. Corporation Name

Tampa Bay Injury Centers, Inc.

2. Principal Office Address

4608 N. Armenia

Suite, Apt. #, etc.

Suite B6

City & State

Tampa FL

Zip

33603

Country

Hillsborough

3. Mailing Office Address

3302 Junestown Dr.

Suite, Apt. #, etc.

City & State

Polk County FL

Zip

34691

Country

Polk

REINSTATEMENT 00-02

10-25-02 01081 013 \$1,050.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/27/99

5. FEI Number

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

Jorge M. Gonzalez

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

Box 151 JK 3202 West Grove Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33684

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

Jorge M. Gonzalez
REGISTERED AGENT MUST SIGN

Date **11-8-02**

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 |
|--------|--------------------------------------|---|--------------------------|
| PD | Joseph R. Lente D.C. | 5008 Gullen Court | New Port Richey FL 34652 |
| VO | Jorge M. Gonzalez | 3202 West Grove | Tampa FL 33684 |
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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

Jorge Rente

Date

11/8/02 727-845-0848

Daytime Phone #

CR2E081 (9/01)