

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000097418**

1. Corporation Name

CATHERINE S. SONAGLIA M.D., P.A.

Principal Place of Business

4801 N FEDERAL HWY
STE 202
FORT LAUDERDALE FL 33308

Mailing Address

4801 N FEDERAL HWY
STE 202
FORT LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1999

5. FEI Number

65-0959222

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
PSTD	SONAGLIA, CATHERINE S	2660 NE 37TH DRIVE	FORT LAUDERDALE FL 33308

500023969369
10/21/03--01060--007 **150.00

8. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **Lynn Devoe**
Street Address (P.O. Box Number is Not Acceptable)
2660 NE 37th
Suite, Apt. #, Etc.
City **FT Land** State **FL** Zip Code **33308**

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

Lynn Devoe

REGISTERED AGENT MUST SIGN

Date **10-15-03**

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 #

10/14/03 954-489-9495

CR2E040 (7/03)

CATHERINE S. SONAGLIA, M.D.

4801 North Federal Highway
Suite 202
Fort Lauderdale, FL 33308
954-489-9495
FAX 954-489-9324

October 14, 2003

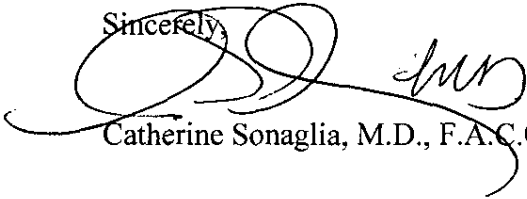
To Whom it May Concern:

I am requesting a waiver for the reinstatement fee, being that we did not receive the annual report form.

Please find enclosed the check for \$150.00, and the completed application for reinstatement.

Thank you for your consideration in this matter.

Sincerely,



Catherine Sonaglia, M.D., F.A.C.O.G.