

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 2:04

DOCUMENT # **P99000097772**

1. Corporation Name

FRANK E. CAMPANILE, M.D., P.A.

Principal Place of Business

Mailing Address

~~15054 TAMARIND GAY COURT UNIT 708~~
~~FORT MYERS, FL 33908~~

~~15054 TAMARIND GAY COURT UNIT 708~~
~~FORT MYERS FL 33908~~



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

13691 Metro Parkway

Suite, Apt. #, etc.

Suite 110

City & State

Fort Myers, FL

Zip

33912

Country

3. New Mailing Office Address, If Applicable

13691 Metro Parkway

Suite, Apt. #, etc.

Suite 110

City & State

Fort Myers, FL

Zip

33912

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1999

5. FEI Number

65-0958497

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
PS	CAMPANILE, FRANK E	15054 TAMARIND GAY COURT UNIT 708 13691 Metro Parkway, Suite 110	FORT MYERS FL 33908 Fort Myers, FL 33912

200003471002--8
-11/20/00--01137--007
****750.00 ****750.00

JB 10/1/00

8. Name and Address of Current Registered Agent

CAMPANILE, FRANK E MD

~~15054 TAMARIND GAY COURT UNIT 708~~

~~FORT MYERS FL 33908~~

13691 Metro Parkway, Suite 110

Fort Myers, FL 33912

9. Name and Address of New Registered Agent

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

10/30/00

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 #

941-225-0333

CR2E040 (8/00)