

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 12:39

DOCUMENT # P990000999994

1. Corporation Name

SRM OF ORLANDO, INC.

Principal Place of Business

Mailing Address

10506 MIRA LAGO LN.
CLERMONT FL 34711

10506 MIRA LAGO LN.
CLERMONT FL 34711



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

2. New Principal Office Address, If Applicable
8200 VINELAND AVE
Suite, Apt. #, etc. # 505

3. New Mailing Office Address, If Applicable
8200 VINELAND AVE.
Suite, Apt. #, etc. # 505

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1999

City & State
ORLANDO, FL
Zip 32821 County ORANGE

City & State
ORLANDO, FL
Zip 32821 County ORANGE

5. FEI Number
59-362738/APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MD	BRAMANTE, SYLVIA R	10506 MIRA LAGO LANE 1021 Centergate Blvd W #202	CLERMONT FL 34711 Celebration FL 34747
MD	BARHAIM, MARGARETTE E	10506 MIRA LAGO LANE LAGO	CLERMONT FL 34711
V	BARHAIM, RON	10506 MIRA LAGO LANE	CLERMONT FL
			700004679637 34747 -11/14/01--01096--003 ****150.00 ****150.00 SP

8. Name and Address of Current Registered Agent

BARHAIM, RON
10506 MIRA LAGO LN.
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name SYLVIA R. BRAMANTE
Street Address (P.O. Box Number is Not Acceptable)
1021 Centergate Blvd W
Suite / Apt. # Etc. # 202
City Celebration
State FL Zip Code 34747

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 Sylvia R. Bramante SYLVIA R. BRAMANTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/07 465-1731

CR2ED40 (8/01)

202

October 24, 2001

Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

Gentlemen:

The Corporate address was incorrect and we did not receive a Uniform Business Report. We are including a check for \$150.00 and an Application for Reinstatement form with all the correct addresses.

Sincerely,



Sylvia R. Bramante
SRM of Orlando, Inc.
8200 Vineland Avenue
#505
Orlando, Florida 32821