

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S54335**

1. Corporation Name

Frederick C. Morello, P.A.

2. Principal Office Address
118 Orange Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip
32114

Country
Volusia

3. Mailing Office Address
118 Orange Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip
32114

Country
Volusia

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida** May 21, 1991

5. FEI Number
59-3066042

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
Frederick C. Morello

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

Suite, Apt. #, Etc.

City
Daytona Beach

State
FL Zip Code
32114

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

Date 5/9/05

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 |
|--------|--------------------------------------|---|-------------------------|
| PST | MORELLO FREDERICK C | 118 Orange Avenue | Daytona Beach, FL 32114 |
| D | MORELLO FREDERICK C | 118 Orange Avenue | Daytona Beach, FL 32114 |
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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

5/9/05

Date

(386)252-0754

Daytime Phone #

CR2E081 (01/05)