

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 AUG -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S55642

**1. Corporation Name**

The New Doctor's Office, Inc.

**2. Principal Office Address**

160 JFK Drive

**3. Mailing Office Address**

160 JFK Drive

Suite, Apt. #, etc.

Ste 201

Suite, Apt. #, etc.

Ste 201

City & State

Atlanta, Florida

City & State

Atlanta, Florida

Zip

33462

Country

Palm Beach

Zip

33462

Country

Palm Beach

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

5/23/91

**5. FEI Number**

65-0272107

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

Francis R. Colavecchio

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

160 JFK Drive

Suite, Apt. #, Etc.

Ste 201

City

Atlanta

State

FL

Zip Code

33462

**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

*Francis R. Colavecchio*

Date 7-31/00

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
D	Joan G. Colavecchio	160 JFK Drive, Ste 201	Atlanta, Florida 33462
D	Francis R. Colavecchio	160 JFK Drive, Ste 201	Atlanta, Florida 33462
P	Joan G. Colavecchio	160 JFK Drive, Ste 201	Atlanta, Florida 33462
V	Francis R. Colavecchio	160 JFK Drive, Ste 201	Atlanta, Florida 33462

**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:**

*Francis R. Colavecchio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00

(561) 641-0400

Date

Daytime Phone #

CR2E081 (9/99)