

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 AM 10:30

DOCUMENT # S65019

1. Corporation Name

ENGLEWOOD PEDIATRICS P.A.

2. Principal Office Address - No P.O. Box #

900 PINE STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE #216-217

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

Zip

34223

Country

CHARLOTTE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 1/1/92

5. FEI Number

65-0272792

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

ELLA MARIE GUASTAVINO

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

7227 TEABERRY STREET

Suite, Apt. #, Etc.

City

ENGLEWOOD, FL

State

FL

Zip Code

34224

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	ELLA MARIE GUASTAVINO	7227 TEABERRY STREET	ENGLEWOOD, FL 34224

10. E-mail Address: emgrmcv@live.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Ella Marie Guastavino President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 9-10

B 5/6/10