

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV 17 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S88656

1. Corporation Name

CELPA CLINIC, P.A.

Principal Place of Business

3306 W. SPRUCE, SUITE A  
TAMPA FL 33607

Mailing Address

3306 W. SPRUCE, SUITE A  
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

10/21/1991

5. FEI Number

59-3125149

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CELPA, SONIA	3306 WEST SPRUCE, SUITE A	TAMPA FL 33607

400002353204--3

-11/20/97--01087--004

\*\*\*\*165.00 \*\*\*\*165.00

JB  
11-19-97

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Sonia Celpa

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

3306 W. Spruce St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

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

[Signature]

(REGISTERED AGENT MUST SIGN)

Date

11-14-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

11-14-97 (813) 8702222

Date

Daytime Phone #

CR2040 (8/97)



Luis Azan, M.D.

Sonia Celpa A.P.

November 14, 1997

Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314  
Attn: Ms. Trebor

Ref. Number S88656

Dear Ms. Trebor:

According to our telephone conversation, enclosed you will find a check for the amount of \$165.00, this will acknowledge the fee requested to process filing of the corporation's annual report. I did file my report on time, but due to a mistake on behalf of one of my employees, the check was made out to Melvin Smith Tax Collector, and I was not aware of it until I received a notice from you. Please, give this letter your immediate attention, this is something that should've been corrected a long time ago.

I thank you before hand, for your great help and attention to this matter. If you should have any questions please contact me as soon as possible.

Sincerely,

Sonia M. Celpa, A.P., L.M.T.