## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

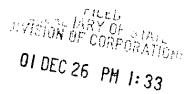
1. Corporation Name

POLIZZI ADVANCE FOOT CARE, P.A.

Principal Place of Business

Mailing Address

**SIGNATURE** 



Daytime Phone #

19-B NORTH 6TH STREET 19-B NORTH HAINES CITY FL 33844 HAINES CIT			6TH STREET FL 33844	- RE				
If above a	ddresses are incorrect in any way, line thro	ough incorrect in	formation and enter c	orrection below.		STATE	RENT	0)
208 Main 5t. 208					Date Incorporated or Qualified     To Do Business in Florida     05/06/1992			992
City & State / City & State		City & State	urndale FL		5. FEI Number 59-3122529 6.			Applied For Not Applicable
Zip Country Zip					CERTIFICATE OF STATUS DESIRED   58.75 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		Street Address of Each Officer and/or Director			City / State / Zip		
D	POLIZZI, LOUIS	19-B NORTH 6TH STREET			HAINES CITY FL 33844			
		30			00047651937 -01/10/0201065002 *****750.80 *****750.09			
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8. Name and Address of Current Registered Agen			t 9. Name and Address of New Registered Agent					
				Name	4	2 /		
POLIZZ	zi, Louis		Street Address (P	O Box Number	s Not Acceptable)	<del> </del>		
19-B N	ORTH 6TH STREET		208	Main	5 <del>/.</del>			
HAINE	S CITY FL 33844		Suite, Apt. #, Etc.			•		
			-	City Aubu	rndak		State Zip C	823
10. I, being	appointed the registered agent of the above	re named corpo	ration on familiar wit	h and accept the ob	ligations of Section	on 607.0505, F.S.	<u> </u>	
Signature of Registered Agent Date 12-24-0)  REGISTERED AGENT MUST SIGN								
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 filling 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 AND THERE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR