

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34790

1. Corporation Name

POLIZZI ADVANCE FOOT CARE, P.A.

Principal Place of Business

208 MAIN ST
AUBURNDALE FL 33823

Mailing Address

208 MAIN ST
AUBURNDALE FL 33823

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

05/06/1992

5. FEI Number

59-3122529

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 3	City / State / Zip 4
D	POLIZZI, LOUIS	19-B NORTH 6TH STREET 280 Patterson Rd, Suite 3	HAINES CITY FL 33844

100009007861
11/14/02--01089--012 **150.00

8. Name and Address of Current Registered Agent

POLIZZI, LOUIS
208 MAIN ST
AUBURNDALE FL 33823

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-10-02

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 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

Date

Daytime Phone #

11-10-02 863-965-1221

CR2E040 (8/02)



**ADVANCE
FOOT CARE**

280 Patterson Road, Suite 3
Haines City, FL
(863) 422-2356

June 6, 2002

Kathleen Harris
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

My accountant has informed me that a check written to the Florida Department of State for \$150.00, #2351 mailed to the department on March 25, 2002 has not yet, as of June 6, 2002, cleared the bank it was drawn on. I do have a computerized check register that shows the check was written. This check along with my 2002 Uniform Business Report (copy enclosed) should have been received months ago. Please look into this matter, I do not want to be responsible for any late filing fees.

Yours truly,

Dr. Louis Polizzi
Owner, Polizzi Advance Foot Care, PA

Louis Polizzi, DPM

*Board Certified in Podiatric
Medicine and Surgery,
American Board of Medical
Specialties in Podiatry*