

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V53272

1. Corporation Name

ROBERT P. ALBERGO M.D. P.A.

900009417259  
12/09/02--01046--011 \*\*450.00

2. Principal Office Address

3830 Tampa Road

Suite, Apt. #, etc.

Suite 300

City & State

Palm Harbor, FL

Zip

34684

Country

USA

3. Mailing Office Address

3830 Tampa Road

Suite, Apt. #, etc.

Suite 300

City & State

Palm Harbor, FL

Zip

34684

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/27/1992

5. FEI Number

59-3137946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CHARLES S. DAYHOFF III, ESQUIRE

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

3830 Tampa Road

Suite, Apt. #, Etc.

Suite 150

City

Palm Harbor

State

FL

Zip Code

34684

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

*Charles S. Dayhoff III*  
REGISTERED AGENT MUST SIGN

Date 12/5/2002

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
PD	ROBERT P. ALBERGO	3830 Tampa Road Suite 300	Palm Harbor, FL 34684

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:

*Robert P. Albergo MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT P. ALBERGO

12/5/2002

Date

(727) 786-1394

Daytime Phone #

**CHARLES S. DAYHOFF III**  
Attorney and Counselor at Law

Cornerstone Centre  
3830 Tampa Road, Suite 150  
Palm Harbor, FL 34684

Telephone (727) 785-6721  
Telecopier (727) 785-0798  
E-mail: attorneydayhoff@aol.com

December 5, 2002

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

VIA FEDERAL EXPRESS

Attn: Reinstatement Section

Re: Robert P. Albergo M.D. P.A.  
Document No. V53272

Dear Sir/Madam:

Please be advised that I have the privilege of representing Robert P. Albergo M.D. P.A. concerning this matter.

Please find enclosed each of the following:

1. Corporation Reinstatement.
2. A check payable to the Secretary of State in the sum of \$450.00, which represents the filing fee for the years 2000, 2001 and 2002.

Please be advised that my client never received the annual Uniform Business Report for the years 2000, 2001 and 2002. He did receive it for all of the years prior to 2000.

We are hereby requesting that this corporation be reinstated.

If you need any further information, please contact me immediately.

Thanking you in advance for your cooperation, I am

Sincerely yours,

  
CHARLES S. DAYHOFF III

CSD:bf  
Enclosure  
cc: Robert P. Albergo, M.D.