

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 AM 9:12

DOCUMENT # V61429

1. Corporation Name

MICHAEL J. COSTELLO, M.D., P.A.

200074536632
05/15/06--01003--002 **450.00

2. Principal Office Address

2215 NEBRASKA AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 3-D

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

Zip

34950

Country

USA

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1992

5. FEEL Number

650349652

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

MICHAEL J. COSTELLO, M.D.

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

2215 NEBRASKA AVENUE

Suite, Apt. #, Etc.

SUITE 3-D

City

FORT PIERCE

State

FL

Zip Code

34950

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

Michael Costello

REGISTERED AGENT MUST SIGN

Date 4/26/06

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
DIRECTOR	MICHAEL J COSTELLO, M.D.	8720 BALLY BUNION ROAD	PORT ST. LUCIE, FL 34986

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 contained in Chapter 119, 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:

Michael Costello

MICHAEL J. COSTELLO, M.D. 4/26/06 772-461-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24/2

Michael J. Costello, M.D., F.A.C.S., P.A.

Diplomate American Board of Surgery • General & Vascular Surgery

April 26, 2006

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

RE: REINSTATEMENT
65-0349652

To Whom It May Concern:

This letter is a request that the reinstatement fee be waived on my corporation, MICHAEL J. COSTELLO, M.D., P.A. I re-located my office from Suite 3-C to Suite 3-D and I neglected to inform you of the address change. Due to that, I never received your 2004 mailing (or any subsequent mailings) and I was unaware of the dissolutionment.

Thank you for your consideration in this matter.

Sincerely,



Michael J. Costello, M.D.