PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 DEC 23 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **507142**

1. Corporation Name

SARAVANA RAJAN, M.D., F.R.C.P. (CANADA) & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
548 BARTON BLVD. ROCKLEDGE FL 32955 US	2483 NEWFOUND HARBOR DRIVE MERRITT ISLAND FL 32952

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. 2398 NEWFOUND HARBOR DRIVE

City & State MERRITT ISLAND FL

Zip 32952 | Country BREVARD

4. Date Incorporated or Qualified To Do Business In Florida **07/14/1976**

5. FEI Number **59-1674534** ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RAJAN, SARAVANA	2483 NEWFOUND HARBOR DR. 2398	MERRITT ISLAND FL
D	RAJAN, SATHI S.	2483 NEWFOUND HARBOR DR. 2398	MERRITT ISLAND FL
V	KUMAR, SASI	548 BARTON BLVD.	ROCKLEDGE FL 32955
D	KARIM, ABDUL	548 BARTON BLVD.	ROCKLEDGE FL 32955

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8. Name and Address of Current Registered Agent

RAJAN, SARAVANA
2483 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL

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

CR2E040 (8/97)

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 Sarava Rajan Date 12/16/97

REGISTERED AGENT MUST SIGN

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: Sarava Rajan . President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/16/97 Daytime Phone # 407-636-0840