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
1997 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
548 BARTON BLVD.
ROCKLEDGE FL 32955
US

Mailing Address
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

REINSTATEMENT 97 1168 12/23/97

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

HOWARD ARTHUR 1
12/26/97 01098 010
****750.00 ****750.00

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
REGISTERED AGENT MUST SIGN

Date 12/16/97

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: Sara Rajan . President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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