

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

98 NOV 30 AM 10:59

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

2398 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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1674534

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	RAJAN, SARAVANA	2398 NEWFOUND HARBOR DR.	MERRITT ISLAND FL
D	RAJAN, SATHI S	2398 NEWFOUND HARBOR DR.	MERRITT ISLAND FL
V	KUMAR, SASI	548 BARTON BLVD.	ROCKLEDGE FL 32955
D	KARIM, ABDUL	548 BARTON BLVD.	ROCKLEDGE FL 32955
			4000002706304-- 5 -12/03/98--01067--009 *****750.00 *****750.00
			11/23/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAJAN, SARAVANA  
2483 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND FL

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/23/98

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)