

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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
400004718194--2 -12/11/01--01031--002 ****750.00 ****750.00			

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

Sarav R. M.D.

President

REGISTERED AGENT MUST SIGN

Date

11/6/01

11. 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:

Sarav R. M.D.

President

SARAVANA RAJAN, M.D.

Date

11/6/01

Daytime Phone #

321-4525

CR2E040 (8/01)