

1 of 2


APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F09691**

1. Corporation Name
**RAVITSKY & HANNEY, DO, PA
DBA Cardiology Consultants**

2. Principal Office Address 4700 Congress Ave.		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite # 202		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
Zip 33407	Country Palm Beach	Zip	Country

400023910804
10/17/03--01075--002 **150.00

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida **10/20/1980**

5. FEI Number **59-2034323**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

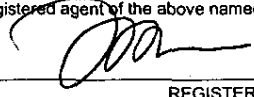
Name **Michael A. Ravitsky, DO**

Street Address (P.O. Box Number is Not Acceptable)
4700 Congress Ave., Suite 202

Suite, Apt. #, Etc.

City **West Palm Beach** State **FL** Zip Code **33407**

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.

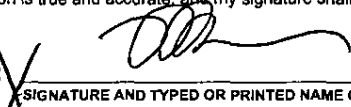
Signature of Registered Agent **X**  Date **10/15/03**

REGISTERED AGENT MUST SIGN

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
Pres.	Michael A. Ravitsky	19890 Loxahatchee Pt. Dr.	Jupiter, FL 33458
V. Pres.	Dennis E. Hanney	111 Clipper Lane	Jupiter, FL 33477

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 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:  Date **10/15/03** 561-848-9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

CARDIOLOGY CONSULTANTS

4700 Congress Avenue, Suite 202
West Palm Beach, FL 33407
Phone (561) 848-9797 Fax (561) 848-5777

202

MICHAEL A. RAVITSKY, D.O., FACOI

DENNIS E. HANNEY, D.O., FACOI

Board Certified in Internal Medicine and Cardiology

October 15, 2003

Department of State
Division of Corporations
Reinstatement Office
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Ravitsky and Hanney, DO, PA

To Whom It May Concern:

Attached is the Reinstatement form for the above-mentioned corporation, along with our check for \$150.00 for the Corporate Filing Fee.

We normally file and pay each January. However, our office did not receive the first, second or third notice from your office, due to an incorrect address in your system.

Thank you for your help. If you have any questions or concerns, please do not hesitate to contact our office at 561-848-9797.

Sincerely,



Maxine Taylor
Bookkeeper