

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F88956**

1. Corporation Name

AMARAVADI & AMARAVADI, M.D.'S, P.A.

Principal Place of Business

Mailing Address

% SIVAKUMAR V. AMARAVADI, M.D.
5534 GULF DRIVE, SUITE 3
NEW PORT RICHEY FL 34652

% SIVAKUMAR V. AMARAVADI, M.D.
5534 GULF DRIVE, SUITE 3
NEW PORT RICHEY FL 34652



REINSTATEMENT 03

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

07/01/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2201202

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	AMARAVADI, SIVAKUMAR V.	5534 GULF DRIVE S3	NEW PORT RICHEY FL
SP	AMARAVADI, RAMANA V.	5534 GULF DRIVE S3	NEW PORT RICHEY FL

700024023897

10/22/03-01067-012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMARAVADI, SIVAKUMAR V., M.D.
5534 GULF DRIVE, SUITE 3
NEW PORT RICHEY FL 33552

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. or 617.0505, F.S.

Signature of
Registered Agent

SIVAKUMAR V. AMARAVADI

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

SIVAKUMAR V. AMARAVADI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

727 -
845-1595

CR2E040 (7/03)

October 12, 2003



Division of Corporations
State of Florida
Annual Report/ Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

RE: Amaravadi & Amaravadi, M.D.'S, P.A.
2003 Uniform Business Report

Dear Sir or Madam:

Our client is requesting consideration in the matter of reinstatement of their corporation. The client was unaware the corporation 2003 Uniform Business Report had not been filed until the receipt of the Notice of Administrative Dissolution or Revocation. The client had not received the original or reminder notice for the 2003 Uniform Business Report.

As you can see by your records, the client has always timely filed the report, but due to some unforeseen reason, the notification was never received.

Please find enclosed a check in the amount of \$150 and we respectfully request abatement of the penalty for not timely filing the report. We will await your decision.

Sincerely,

Patricia Jones CPA
Jones & Company CPAs P.A.

Enclosure

Cc: Dr. Kumar Amaravadi