

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVIS

06 OCT 30 PM 12:45

DOCUMENT # F94909

1. Corporation Name

ANKEM RAVINDRA, M.D., P.A.

2. Principal Office Address

1740 U.S. Highway 90 West

3. Mailing Office Address

1740 U.S. Highway 90 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

REINSTATEMENT

00-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/82

5. FEI Number

592228612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ankem Ravindra, M.D.

Street Address (P.O. Box Number is Not Acceptable)

1740 U.S. Highway 90 West

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

REGISTERED AGENT MUST SIGN

Date

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
P	Ankem Ravindra, M.D.	1740 U.S. Highway 90 West	Lake City, FL 32055

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10/30/06--01048--010 **1650.00

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 contained in Chapter 119, 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:

Ankem Ravindra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-06

Daytime Phone #

386/752-3400