

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:32

DOCUMENT # **F97540**

1. Corporation Name

**PEDIATRIC RADIOLOGY ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

~~881~~ 6TH ST. SO.  
~~P.O. BOX 296~~  
ST. PETE FL 33701  
US

PO BOX 296  
P.O. BOX 296  
ST. PETE FL 33731  
US

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.

801 6th St. So. Suite 110

Suite, Apt. #, etc.

P.O. Box 1960

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1982

5. FEI Number

59-2213057

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BARNES, JOHN C. M.D.	880 6TH ST. SOUTH, SUITE 296 110	ST. PETERSBURG FL 33701

4000003463354--1  
-11/15/00-01002-003  
\*\*\*\*750.00 \*\*\*\*750.00

*JB 11/8*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNES, JOHN C., M.D.  
ONE BAY FRONT COURT  
BOX 296  
ST. PETERSBURG FL 33731

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

*John Barnes*

REGISTERED AGENT MUST SIGN

Date 10-24-00

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:

*John Barnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00 727-892-8938

Date

Daytime Phone #

CR2E040 (8/00)