

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067634

1. Corporation Name

CS ANESTHESIA, INC.

Principal Place of Business

406-161ST AVENUE
REDINGTON BEACH FL 33708

Mailing Address

406-161ST AVENUE
REDINGTON BEACH FL 33708

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/2000

5. FEI Number

59-3658403

☒ 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
D	SULLIVAN, CATHY	406-161ST AVENUE	REDINGTON BEACH FL 33708

OR 432

500008935245
11/12/02--01074--010 **150.00

1178

8. Name and Address of Current Registered Agent

SULLIVAN, CATHY
406-161ST AVENUE
REDINGTON BEACH FL 33708

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-6-02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-02 727-373-7159

CR2E040 (8/02)

CS Anesthesia, Inc.
406-161st Avenue
Redington Beach, FL 33708

October 31, 2002

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

Dear Sir/Madam:

Enclosed please find my "Application for Reinstatement" along with my check for \$150.00. Please process my application accordingly.

I was quite alarmed when I received this "Notice of Administrative Dissolution or Revocation". This is the first notice I received. My accountant told me that I should have received the original notice at the beginning of the year, and a "late notice" after that, but I do not recall receiving any other correspondence other than this notice.

I would appreciate you accepting this "Application for Reinstatement" as timely filed. I will make every effort to file timely in the future.

Sincerely,



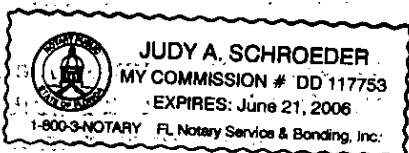
Cathy Sullivan

CS/jas

Under penalty of perjury, the above individual declares that to the best of their knowledge and belief, the statements contained herein are true, correct and complete.

State of Florida
County of Pinellas

On the 31st day of October, 2002, before me came Cathy Sullivan, to me known to be the individual described in and who executed the foregoing instrument and acknowledge that he executed same.




Notary Public