

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000002578

1. Corporation Name

RONIN ANESTHESIA CONSULTANTS INC

2. Principal Office Address

8362 PINES BLVD

Suite, Apt. #, etc.

City & State

PEMBROOK PINES, FL

Zip

33024

Country

USA

3. Mailing Office Address

10924 DEARDEN CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified

To Do Business in Florida 01/02/2001

5. FEI Number

59-3694655

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

ANTHONY FREZZA

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

10924 DEARDEN CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

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

3/18/04

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	LOUIS LABARBERA	8362 PINES BLVD	PEMBROOK PINES, FL 33024

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/02 (804) 84 0322

CR2E081 (01/04)