


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b> 2002 USC		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P01000039410</b>			
<b>1. Corporation Name</b> Oncology Plus Incorporated			
<b>2. Principal Office Address</b> 8402 Laurel Fair Circle Suite, Apt. #, etc. Suite 111 City & State Tampa, Florida Zip 33610 Country USA		<b>3. Mailing Office Address</b> 8402 Laurel Fair Circle Suite, Apt. #, etc. Suite 111 City & State Tampa, Florida Zip 33610 Country USA	

FILED

02 DEC 23 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

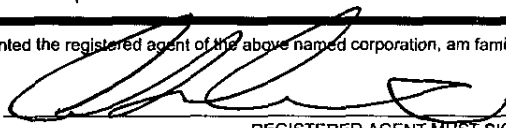
500009638715  
12/23/02--01059--021 \*\*150.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/18/2001	
<b>5. FEI Number</b> 36-4435924	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Andrew L. Adler, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 501 S. Dakota Ave.	
Suite, Apt. #, Etc. Suite 7	
City Tampa	State FL Zip Code 33606

**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



Date  
12/11/2002

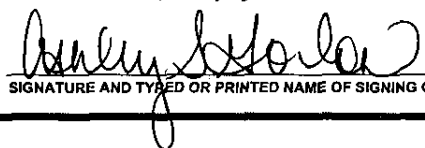
REGISTERED AGENT MUST SIGN

**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
PD	Ashley S. Gordon	8402 Laurel Fair Circle, Suite 111	Tampa, FL 33610
TD	Deborah P. Mason	8402 Laurel Fair Circle, Suite 111	Tampa, FL 33610
SD	Nicole J. Morgan	8402 Laurel Fair Circle, Suite 111	Tampa, FL 33610

**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:



President

12-11-02 (813)621-7751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/01)

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**ANDREW L. ADLER, P.A.**

ATTORNEY AND COUNSELOR AT LAW

501 S. DAKOTA AVENUE, SUITE 7

TAMPA, FLORIDA 33606

(813) 259-4994

FAX: (813) 259-4954

ANDREW@ADLERLAWTAMPA.COM

December 17, 2002

**VIA CERTIFIED MAIL**

**RECEIPT #7002 1000 0004 6290 2489**

Florida Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

RE: Oncology Plus Incorporated, Document No. P01000039410, UBR 2002

To Whom It May Concern:

I am writing on behalf of the above referenced client. Enclosed herewith is the Application for Reinstatement, a check in the amount of \$150.00, and an affidavit of Ashley Gordon as President of the above referenced corporation. Ms. Gordon swears that she never received the Uniform Business Report Notification.

Please treat this filing as timely or notify us of your determination to the contrary. Your prompt attention to this matter is greatly appreciated.

Sincerely,



Andrew L. Adler

ALA:mlo

Enclosures

C: Oncology Plus Incorporated  
c/o Ms. Ashley Gordon