

APPROVED
AND
FILED

1/2

06 JAN 30 PM 1:13

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000098331**

1. Corporation Name

INTERVENTIONAL RADIOLOGY ASSOCIATES OF FT LAUDERDALE, P.A.

900065828049
02/14/06--01024--025 **477.50

2. Principal Office Address
4725 N FEDERAL HIGHWAY

3. Mailing Office Address
1090 SW 15TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
BOCA RATON FL

Zip
33308

Country

Zip
33486

Country

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
88-0563584

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
CHARLES F TATE III

Street Address (P.O. Box Number is Not Acceptable)
1090 SW 15TH STREET

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 907.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles F Tate III

Date **1/22/06**

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
D.	CHARLES F TATE III	1090 SW 15TH STREET	BOCA RATON FL 33486

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 907 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been corrected, 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:

Charles F Tate III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/22/06**

Date

954-46-3472

2/2

Gelber
AND COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

January 18, 2006

Ronald S. Gelber, CPA

Darlene A. Rogers, CPA

Amy L. Greenblatt, CPA

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Interventional Radiology Associates of Ft Lauderdale, P.A.
Doc #P02000098331

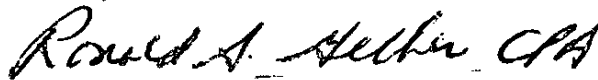
To Whom It May Concern:

As the accountants for the above client, we are writing to advise you that they did not receive their annual report and therefore need to be reinstated.

Inadvertently, the annual report was sent to the old management company in Georgia and they did not inform our client. We respectfully request that you accept the \$477.50 that is attached.

If you need anything further to grant our client's request, please do not hesitate to contact us.

Sincerely,



Ronald S. Gelber, CPA

RSG/cvr
Encls.