PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 AM 8:00

DOCUMENT # P93000073729

1. Corporation Name

I.V.S. NATH, M.D., F.R.C.P., P.A.

REINSTATEMENT 01-04 MRD

2a. Principal Office Address	3a. Mailing Office Address
5424 Park St. N.	5424 Park St. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. 7 West	Ste. 7 West
City & State	City & State
St. Petersburg, FL	St. Petersburg, FL
Zip / Country	Zip / Country
33709-7042 USA	33709-7042 USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/1993

5. FEI Number: 59306959 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ (See Additional Instructions for Certified Copies and Fees)

7. Name and Address of Current Registered Agent

Name: I.V.S Nath, M.D.

Street Address (P.O. Box Number is Not Acceptable): 9438 Pebble Beach Ct. W.

Suite, Apt. #, Etc.:

City: Seminole | State: FL | Zip Code: 33777

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03/05/04--01069--031 **100.00

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: _____
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	I.V.S. NATH, M.D.	9438 Pebble Beach Ct. W	Seminole, FL 33777

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(5)(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: _____ 3.1.04 · 727-546-1680.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #