

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:02

DOCUMENT # P93000074413

1. Corporation Name

Key West Oncology Associates, PA
40 DOUGLAS R COLKITT, MD

2. Principal Office Address

12730

Suite, Apt. #, etc.

Suite 437

City & State

Ft Myers Florid

Zip

33907

Country

Ft. Myers

3. Mailing Office Address

New ~~Br~~ Brittany Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-27-93

5. FEI Number

25-7739490

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

DOUGLAS R COLKITT

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

9230 Blind Pass Road

Suite, Apt. #, Etc.

Sarasota

City

600003312826-9

-07/05/00--01058--011

*****900.00 *****900.00

600003312826-9

-07/05/00--01058--012

*****8.75 *****8.75

State

FL

Zip Code

34242

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

5/24/00

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
DR.	DOUGLAS R COLKITT, MD	9230 Blind PASS Road	Sarasota, FL 34242
	Pres, Secy & Treasur + Vice-President		

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

DOUGLAS R COLKITT, MD

Date

5/24/00

Daytime Phone #

941-346-0858

CR2081 (9/99)