

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

PS 182

NOV -5 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



Jk

10212004 REIN-P CR2E088 (6/04)

4. FFI Number 65-0500789 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMASI, RONALD W
1203 JACARANDA BLVD
VENICE, FL 34292

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DEMASI, RONALD W		NAME		
STREET ADDRESS	1203 JACARANDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KONDAPALKI, RAVI		NAME		
STREET ADDRESS	1203 JACARANDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ 10-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PS 292

CAVANAUGH & CO.
Certified Public Accountants

SARASOTA OFFICE
2381 FRUITVILLE ROAD
SARASOTA, FLORIDA 34237
941 366-2983
FAX 941 366-2995

VENICE OFFICE
333 WEST MIAMI AVENUE
VENICE FLORIDA 34285
941 485-4847
FAX 941 485-3470

October 27, 20

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
Tallahassee, Florida 32314

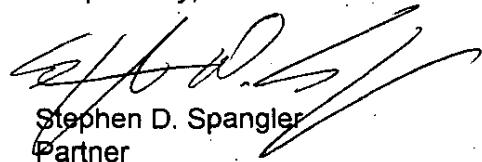
RE: Notice of Dissolution or Revocation
Clement J. Demasi, MD, PA
Document Number: P94000048433

Dear Ms. Hood,

Clement J. Demasi MD, PA mailed check number 3046 in the amount of \$150.00 and the annual report for this corporation to your offices on 3/23/04. It appears this check has not cleared the bank. On the same date this same office mailed check number 3047 and the annual report for their other entity, Demasi-Kondapalli, LLC, document number L03000030050, which was received and processed by your office. It is unclear as to the reason why the check and annual report for Clement J. Demasi MD, PA were not received by your office, but in light of this situation we are requesting that you accept the enclosed check for \$150.00 and the attached paperwork as replacement of the original check and annual report, reinstating Clement J. Demasi, MD, PA to active status.

Your assistance in this matter is greatly appreciated. If additional information or documentation is required please feel free to contact me at 941-366-2983.

Respectfully;


Stephen D. Spangler
Partner