

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

DOCUMENT # P95000003494

1. Corporation Name

THE KIDS' HEALTH TEAM, P.A.

2. Principal Office Address

6228 N.W. 43RD STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32653

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3288874

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

ROSI D. FORTUNATO, M.D.

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

6228 NW 43RD STREET

Suite, Apt. #, Etc.

City

GAINESVILLE, FL 32653

State
FL

Zip Code

32653

500008520905
10/22/02--01111--015 **150.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/11/02

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
DIRECTOR	ROSI D. FORTUNATO	6228 NW 43 RD ST	Gainesville, FL 32653
OFFICER	JUAN DECASTRO	"	"

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

JUAN DECASTRO

10/11/02

(352) 375-0001

Date

Daytime Phone #

CR2ED01 (8/00)

2

October 11, 2002

Division Of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is being written requesting corporation reinstatement for the following entity:

Entity: The Kids' Health Team, PA
Doc#: see attached form
FEIN: 59-3288874
Address: 6228 NW 43rd Street
Gainesville, Florida 32653
Officer: Rosi D. Fortunato, MD - President / Director

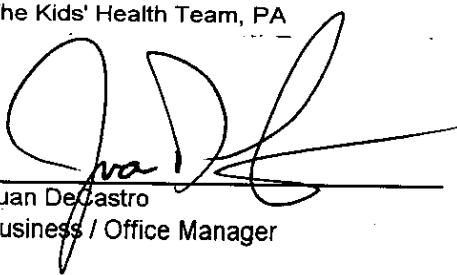
It has come to my attention, through researching the division of corporations for the state of Florida, that the above entity had not been paying the annual uniform business report fee. Upon further investigation, it was discovered that the annual UBR forms were being mailed to the above entity's former place of business in Gainesville, Florida. In researching the public records through the website www.sunbiz.org it came to our attention that the incorrect address was still on file. As a result, the entity indicated above had become inactive, erroneously, since 2001. Therefore, in an effort to reinstate this corporation, please accept the enclosed check made payable to the Department of State for \$150.00. This check is to cover the following year:

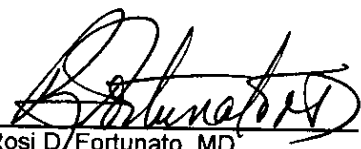
<u>Year</u>	<u>Amount</u>
2002	\$150.00
Total Reinstatement Fee	\$150.00

Thank you in advance for your consideration. We appologize for any inconvenience and confusion. Please make the appropriate address changes in your system for future mailings. Our cancelled check will be considered our receipt for reinstatement.

Sincerely,
The Kids' Health Team, PA

Rosi D. Fortunato, MD


Juan DeCastro
Business / Office Manager


Rosi D. Fortunato, MD
President / Director