

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 095000076896

1. Corporation Name

Oak Tree Radiology P.A.

2. Principal Office Address - No P.O. Box #
2319 West Bristol Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Apt 104 -

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Zip
33609Country
Hillsborough

Zip

Country

REINSTATEMENT 04-07
CR2E081 (1/07)4. Date Incorporated or Qualified
To Do Business in Florida 10-02-955. FEI Number
65-0610932Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert RuvoloStreet Address (P.O. Box Number is Not Acceptable)
2319 West Bristol AveSuite, Apt. #, Etc.
Apt 104City
TampaState
FLZip Code
33609☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 6/26/07

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 |
|--------|--------------------------------------|---|--------------------------------|
| Pres | Robert P Ruvolo | 2319 West Bristol Ave Apt 104 | Tampa FL 33609 |
| | | | 200105412152 |
| | | | 07/03/07--01052--011 **1200.00 |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/07 (813) 325-1970

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