

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019567

1. Corporation Name

PINELLAS HEMATOLOGY & ONCOLOGY PA

2. Principal Office Address

1609 Pasadena Ave S

Suite, Apt. #, etc.

#2E

City & State

St. Petersburg, Fl

Zip

33707

Country

3. Mailing Office Address

1609 Pasadena Ave S

Suite, Apt. #, etc.

#2E

City & State

St. Petersburg, Fl

Zip

33707

Country

REINSTATEMENT 01-02

4. "Date incorporated or Qualified"
To Do Business in Florida

5. FEI Number

59-3363610

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

R.G.Raju

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

8910 N.Dale Mabry, Suite#37

Suite, Apt. #, Etc.

Suite#37

City

Tampa

State
FL

Zip Code

33614-15

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

(813) 931-7258

Date 1/17/03

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	Pratibha K.Desai	1609 Pasadena Ave, #2E	St. Petersburg, Fl-33707

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

01/17/2003

Date

Daytime Phone #

(727)

344-6569

CR2E081 (10/02)