

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -3 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075372

1. Corporation Name

ANGITHI INC

Principal Place of Business

Mailing Address

2047 E. FLOWER AVENUE
TAMPA FL 33612

2047 E. FLOWER AVENUE
TAMPA FL 33612



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 09/11/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3398390 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P.D. | SHYAM B SINGH | 2047 E FLOWER AVE | TAMPA, FL-33612 |
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500002340685-8
 -11/06/97-01099-016
 ****165.00 ****165.00

11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGH, SHYAM B
2047 E. FLOWER AVENUE
TAMPA FL 33612

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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

Date

Daytime Phone #

CP2E046 (8/97)

(2)

R.G. RAJU
Certified Public Accountant

October 30, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

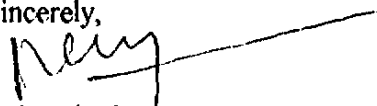
Re: 1) ANGITHI INC-Document#P96000075372
2) Application for Reinstatement

Dear Sir/Madam:
Enclosed you find:

- 1) Letters from Doctors
- 2) Application for Reinstatement
- 3) Ck#1610 dated Oct 30, 1997, Amount \$165.00

As you can see from Doctor's letters that my client Shyam B. Singh is very sick, president of Angithi Inc and he could not file the Corporation Annual report on time. I hereby request you to waive the late filing penalty and reinstate the corporation. Your cooperation concerning this matter is greatly appreciated.

Sincerely,


R.G. Raju, C.P.A.

Encl:3

Copy to: Angithi Inc.



Hematology
&
Oncology
Consultants

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Frank B. Lane, M. D.
Lewis E. Auerbach, M. D.
Hafeez T. Chatoor, M. D.
Mark S. Robbins, M. D.

June 19, 1997

RE: SHYAM SINGH

To Whom It May Concern:

Mr. Singh is known to me for his lung cancer. He has very advanced lung cancer, which is unresectable.

The patient is presently getting chemotherapy to reduce the size of the cancer. His cancer appears to be too extensive to be amenable for cure. His overall prognosis is poor with a life expectancy of probably less than one year.

The patient is presently undergoing chemotherapy under my care.

I would appreciate if this unfortunate young man get whatever assistance is possible. If you have any further questions, please feel free to contact me in my office.

Sincerely,

Hafeez T. Chatoor, M.D.
HTC:EMT:saa
D&T: 6/19/97

SOUTH TAMPA
1414 Swann Avenue
Tampa, FL 33606-2533
(813) 254-7227
Fax (813) 253-0285

NORTH TAMPA
7550 N. Dale Mabry
Tampa, FL 33614-3226
(813) 886-8183
Fax (813) 885-9463

BRANDON
236 S. Moon Avenue
Brandon, FL 33511-5704
(813) 685-6827
Fax (813) 653-2523

SUN CITY CENTER
1901 Haverford Avenue
Suite 107
Sun City Center, FL
33673-5200
(813) 633-3955
Fax (813) 633-0441

ADMINISTRATIVE OFFICE
1318 Swann Avenue
Tampa, FL 33606-2534
(813) 254-4233
Fax (813) 254-2434

E-MAIL
hoc@cpeq.com

WEBSITE
heme-onc-consult.com

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SINGH, SHYAM

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OPERATIVE REPORT

IC4 22

DATE OF SURGERY: 04/03/97

SURGEON: GEORGE JAMES, M.D.

PREOPERATIVE DIAGNOSIS: Adenocarcinoma, right upper lobe.

POSTOPERATIVE DIAGNOSIS: Adenocarcinoma, right upper lobe.

OPERATIVE PROCEDURE: Exploratory thoracotomy. Biopsies of paratracheal, azygos and esophageal lymph nodes.

FINDINGS: This fifty year old male patient presented with a mass in the right upper lobe measuring about 3 cm. in diameter. Findings at surgery showed extensive metastasis at the intrathoracic level involving all the lymph nodes, paratracheal, azygos and esophageal lymph nodes. The tumor also stretched along the lateral wall of the tracheal wall. After discussion with Dr. Modh, this was a nonresectable lesion.

The estimated blood loss was approximately 250 cc.

DESCRIPTION OF PROCEDURE: General anesthesia was given by Dr. John Morgan. The patient was positioned on the bean bag with the right side up. Pressure points were protected as usual. The chest wall was prepped with Duraprep and drapes applied as usual. A posterior lateral thoracotomy incision was made. Superficial bleeders were coagulated. The lower fibers of the trapezius muscle and latissimus dorsi muscle were incised. The serratus anterior muscle was retracted anteriorly. The fifth intercostal space was identified. The pleural cavity was entered along the superior border of the fifth rib. The rib was fractured posteriorly. The pleural cavity was entered. The lesion was found to be adherent to the pleural surface without any tumor involvement. The flimsy adhesions were lysed by sharp dissection and exploration of the thoracic cavity was performed.

The hard lymph nodes were felt at the azygos level at the esophageal wall and the tracheal level. All of them were biopsied. All of them showed presence of metastatic carcinoma. Further exploration after dissection

St. Joseph's Hospital
Tampa, Florida

OPERATIVE REPORT

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OPERATIVE REPORT

revealed the presence of tumor along the lateral wall of the trachea. At this time, it was decided not to go further with the resection. Hemostasis was established. #32 chest tube was placed through a separate stab wound and anchored to the skin with a #2 silk. Pericostal sutures were placed with a #2 vicryl. The chest cavity was closed in multiple layers, approximated with the same suture material. The deep fascia was closed with interrupted 2-0 vicryl and the skin closed with staples and dressings applied.

The patient was transferred to the Recovery Room in satisfactory condition.


George James, MD 3108

D: 04/03/97 03:18 p
T: 04/04/97 10:15 a
1503/13/5509

St. Joseph's Hospital
Tampa, Florida

OPERATIVE REPORT

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