

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 15 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 897000033780

1. Corporation Name

American Cancer Treatment Centers, Inc

2. Principal Office Address

845 Century medical Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32796

Country

U. S. A.

City & State

Florida

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3446229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-05

7. Name and Address of Current Registered Agent

Name

Wasfi Makar

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

845 Century medical Dr.

Suite, Apt. #, Etc.

City

Titusville, Florida

State

FL

Zip Code

32796

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

W. Makar

Date

8/28/05

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>Wasfi A. Makar</u>	<u>143 Lansing Island Dr.</u>	<u>Indian Harbor Beach</u>
	<u>W. Makar</u>		<u>FL 32937</u>

700061435597
11/15/05--01028--007 **900.00

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:

W. Makar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/05

Date

321-632-3400

Daytime Phone #

CR2E081 (01/05)

Dear Sir

I want to reinstate the Corporation
American Cancer Treatment Centers, Inc. I have
not received any forms in the past.

Please reinstate Corp # 59-3446229.

Enclosed you will find a \$900 check.

Sincerely

W. Alabur