

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000033780*

1. Corporation Name

American Cancer Treatment Centers, Inc

300163382923
12/07/09--01066--011 **600.00

2. Principal Office Address - No P.O. Box #

211 Coral Sands Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Zip

32955

Country

US

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

593446229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 06-09

7. Name and Address of Current Registered Agent

Name

Wasi Makar

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

211 Coral Sands Drive

Suite, Apt. #, Etc

City

Rockledge

State

FL

Zip Code

32955

☒ 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

W. Makar

Date

12/3/09

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
P	<i>Wasi A. MAKAR</i>	<i>143 Lansing Island Drive</i>	<i>Indian Harbour Beach</i>
			<i>FL, 32937</i>

10. E-mail Address: *MAKAR@MSP.COM*

(To be used for future annual report notification)

11. 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. I further certify, 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

Wasi Makar

12/3/09

321-632-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #