

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000005945**

1. Corporation Name

**CAJINA ANESTHESIA, P.A.**

Principal Place of Business

Mailing Address

596 PLANTATION BLVD  
LAKE CITY FL 32055  
US

596 PLANTATION BLVD  
LAKE CITY FL 32055  
US

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

2. New Principal Office Address, If Applicable

**374 N.W. FOREST MEADOWS AV.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LAKE CITY FLORIDA**

City & State

City & State

Zip **32055**

Country **U.S.A.**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/16/1998**

5. FEI Number

**59-3491776**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>CAJINA, L.</b>	<b>596 PLANTATION BLVD</b>	<b>LAKE CITY FL 32055</b>

000023819450  
10/15/03--01056--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DOWNEY, KEVIN I**  
**2631 N.W. 41ST STREET**  
**SUITE B-2**  
**GAINESVILLE FL 32606**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kevin I Downey*  
REGISTERED AGENT MUST SIGN

Date **10-13-03**

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 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:

*Kevin I Downey M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-13-03**

Date

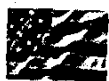
**(386) 719-6928**

Daytime Phone #

CR2E040 (7/03)

### NOTES

Please be advised.- This  
is ~~the~~ first time I am  
receiving a communication from  
you. This is probably due  
to the fact we changed our  
mailing address. You sent  
this form to my old address.  
My new address is.-



Mr. Luis H. Cajina  
374 N.W. Forest Meadows Ave.  
Lake City, FL 32055-4861

Luis H. Cajina

10-13-03

