PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 21 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045749

1. Corporation Name

MURTHY RAVIPATI, M.D., P.A.

Principal Place of Business	Mailing Address
~~8740 ORANGE BELT COURT~~ ~~TAMPA FL 33637~~ Temple Terrace · FL · 33637	~~8740 ORANGE BELT COURT~~ ~~TAMPA FL 33637~~ Temple Terrace · FL · 33637

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
8747 orange oaks circle	8747 orange oaks circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Temple Terrace · FL	City & State: Temple Terrace · FL
Zip: 33637 Country: U.S.A	Zip: 33637 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 05/18/1998

5. FEI Number: 59-3518436 ☐ 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
D	RAVIPATI, MURTHY	~~8749 ORANGE BELT COURT~~ 8747 orange oaks circle.	~~TAMPA FL 33637~~ Temple Terrace · FL · 33637

300003029713--6
-10/29/99--01085--013
~~****150.00~~ ~~****150.00~~
LS

8. Name and Address of Current Registered Agent

RAVIPATI, MURTHY
~~8749 ORANGE BELT COURT~~
TAMPA FL 33637
8747 orange ~~co~~ oaks circle
Temple Terrace · FL · 33637

9. Name and Address of New Registered Agent

Name —
Street Address (P.O. Box Number is Not Acceptable) —
Suite, Apt. #, Etc. —
City — State: FL Zip Code

CR2E040 (8/99)

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: M. Ravipati REQUIRED — Date: 10/16/99.
REGISTERED AGENT MUST SIGN

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: M. Ravipati REQUIRED — 10/16/99 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0070890 AF

(2)

M. RAVIPATI, M.D., P.A.
8747 orange oaks circle,
Temple Terrace. FL. 33637,
(813) 985-1812, (813) 983-3000.

Oct 18th '99

Dept of State,
Division of corporations,
P.O Box. 6327.
Tallahassee. FL. 32314.

Dear Sir,

Due to the fact I moved from my original address when I formed corporation, I never received earlier reminders. As I come back to the same complex (different Apt), I am able to receive this notice. I am requesting to waiver the reinstatement fee it at all possible. please find the enclosed check for 150.00 towards the renewal.

Thank you for your kind consideration.

Sincerely,
M. Ravipati