

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000106078

1. Corporation Name

SOUTHERN ONCOLOGY, P.A.

99AR

Principal Place of Business

14481 LARKSPUR LN.  
W. PALM BEACH FL 33414

Mailing Address

14481 LARKSPUR LN.  
W. PALM BEACH FL 33414

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1998

5. FEI Number

52-2136731

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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	4 City / State / Zip
D	CHRISTENSEN, MIKE	14481 LARKSPUR LN.	W. PALM BEACH FL 33414
D	KEISTER, GEORGE	2515 SHAWN CIR.	STATE COLLEGE PA 16801
D	RUSSELL, EDWARD T JR	2515 SHAWN CIR.	STATE COLLEGE PA 16801

8. Name and Address of Current Registered Agent

CHRISTENSEN, MIKE  
14481 LARKSPUR LN.  
W. PALM BEACH FL 33414

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*Mike Christensen*

REGISTERED AGENT MUST SIGN

Date 10/26/99

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:

*Mike Christensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99 561-798-9388  
Date Daytime Phone #

FILED

99 DEC -3 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2040 (3/99)

## **Southern Oncology, PA**

14481 Lerkspur Lane  
West Palm Beach, Florida 33414  
561-798-9388  
561-792-1482

November 8, 1999

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

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Dear Sir or Madam:

As per my last conversation I would request to waive of the late fee for the reinstatement of Southern Oncology, PA, document number p98000106078.

We request the waive of the late fee for we have not received first or second notices of the annual reports.

Please find attached a check for \$150.00 as payment to reinstate Southern Oncology PA.

Sincerely,



Michael Christensen  
Agent