

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(((H08000158584 3)))

DOCUMENT # F03000005382

1. Corporation Name

APOLLO HEALTH STREET, INC
2 Broad Street, Ste 603
Bloomfield NJ 07003

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

2 Broad Street

3. Mailing Office Address

2 Broad Street

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

Suite 603

City & State

Bloomfield, NJ

City & State

Bloomfield, NJ

Zip

07003

Country

Zip

07003

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/03

5. FEI Number

51-0437897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NATIONAL CORPORATE RESEARCH, LTD., INC.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

☐ 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

Theresa M. Lenson

Date 6/24/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Andrew Devoe	2 Broad Street Ste 603	Bloomfield NJ 07003
V. Pres	Arnetta Sen	2 Broad Street Ste 603	Bloomfield NJ 07003
Secretary	Shilpa Chada Reddy	2 Broad Street Ste 603	Bloomfield NJ 07003
Treasurer	Ramesh Chopra	2 Broad Street Ste 603	Bloomfield NJ 07003
Director	Attached list		

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 contained in Chapter 119, 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:

Ramesh Chopra, Treasurer

Date

Daytime Phone #

06/23/08 973-222-7642

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List of Directors

No	Names	Title	Address
1	Ram Narayan Singh	Director	2 Broad Street Ste 603 Bloomfield NJ 07003
2	Deepak Reddy	Director	2 Broad Street Ste 603 Bloomfield NJ 07003
3	Vijay Lakshimi Reddy	Director	2 Broad Street Ste 603 Bloomfield NJ 07003
4	Rahul Reddy	Director	2 Broad Street Ste 603 Bloomfield NJ 07003
5	Sindhoor Reddy	Director	2 Broad Street Ste 603 Bloomfield NJ 07003
6	Shanker Narayan	Director	2 Broad Street Ste 603 Bloomfield NJ 07003
7	Shobana Kamineni	Director	2 Broad Street Ste 603 Bloomfield NJ 07003

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I200000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6093

CORPORATION REINSTATEMENT

APOLLO HEALTH STREET INC.

Certificate of Status	0
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