

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000015179**

1. Corporation Name

Michael K. Dapaah M.D. P.A.

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

506 S. Chickasaw Tr

3. Mailing Office Address

506 S. Chickasaw Tr

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32825

Country

Orange

Zip

32825

Country

Orange

REINSTATEMENT 06-08
REINSTATEMENT 06-09

4. Date Incorporated or Qualified To Do Business in Florida

1/11/04

5. FEI Number

010736347

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

Michael K. Dapaah, MD

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

506 S. Chickasaw Tr, STE 200

Suite, Apt. #, Etc.

STE 200

City

Orlando

State

FL

Zip Code

32825

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

Michael Dapaah, MD
REGISTERED AGENT MUST SIGN

Date

7/22/08

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
	Michael K. Dapaah MD	506 S. Chickasaw Tr, STE 200	Orlando, FL 32825

400133400014
07/24/08 01035 006 **1050.00

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:

Michael Dapaah MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/22/07

Daytime Phone #

AS per Barbara Carter corrected PA 8/12/08 - VHA