

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 14 PM 12:39

DOCUMENT # 643917

1. Corporation Name

Adel A. Kallini, M.D., P.A.

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

440 E Sample Road

3. Mailing Office Address

440 E Sample Road

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

**REINSTATEMENT**

CR2E081 (6/10)

KS

00-10

4. Date Incorporated or Qualified

To Do Business in Florida 11/02/7900

5. FEI Number

591948705

☐ 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

Kallini, Adel A., M.D.

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

16437 Bridlewood Circle

Suite, Apt. #, Etc.

Delray Beach, FL 33445

City

Delray Beach

State

FL

Zip Code

33445

100183277581  
07/14/10--01026--012 \*\*2258.75

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

Date 7/12/10

REGISTERED AGENT MUST SIGN

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
PDT	Kallini, Adel	440 E Sample Rd. #101	Pompano Beach, FL 33064

10. E-mail Address: Del@Kallini.com

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/10

Date

954-788-9002

Daytime Phone #