

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G01538

1. Corporation Name

V. Padmanabhan, M.D., P.A.

2. Principal Office Address

2400 Harbor Blvd.

Suite, Apt. #, etc.

#16

City & State

Pt. Charlotte, FL

Zip

33952

Country

USA

3. Mailing Office Address

2400 Harbor Blvd.

Suite, Apt. #, etc.

#16

City & State

Pt. Charlotte, FL

Zip

33952

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/82

5. FEI Number

59-2231781

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

V. Padmanabhan

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

4581 Colleen St.

Suite, Apt. #, Etc.

City

Pt. Charlotte

State

FL

Zip Code

33952

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

V. S. Padmanabhan

REGISTERED AGENT MUST SIGN

Date

11/8/2004

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
Pres.	V. Padmanabhan	2400 Harbor Blvd. #16	Pt. Charlotte, FL 33952

600042636736

11/10/04--01046--002 **1200.00

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 under section 119.07(3)(l), 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.

V. Padmanabhan

SIGNATURE:

V. S. Padmanabhan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/2004

Daytime Phone #

941-613-1223

APPROVED
AND
FILED
04 NOV 10 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA