

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G55912**

1. Corporation Name

C.B. SINGH M.D. P.A.

Principal Place of Business

Mailing Address

2620 NORTH ANDREWS AVE
STE 100
FORT LAUDERDALE FL 33311
US

2620 NORTH ANDREWS AVE
STE 100
FORT LAUDERDALE FL 33311
US

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2322756

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 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
PD	SINGH, C B	3061 N.E. 40TH COURT	FORT LAUDERDALE FL 33308

500024488225
11706703--01048--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGH, C B
3061 N.E. 40TH COURT
FORT LAUDERDALE FL 33308

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 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *C.B. Singh*

Date 11-4-03

REGISTERED AGENT MUST SIGN

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: *C.B. Singh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-03

Date

Daytime Phone #

CR2E040 (7/03)



C.B. SINGH, M.D., P.A.

East - West OB / Gyn

Obstetrics & Gynecology Infertility

11/0403

Division Of Corporations
Annual Report/Reinstatement Section

Re: Application for reinstatement of corporation # 59-2322756

To Whom This May Concern:

Please note that this office has not received any prior UBR notices for the renewal of the corporation.

Please reinstate this corporation.

Thank You,

A handwritten signature in cursive script that reads "C.B. Singh".

C.B. Singh., M.D.