

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 DEC -2 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **H75734**

1. Corporation Name

**MURAD K. THAKUR, B.D.S., P.A.**

Principal Place of Business

Mailing Address

**5480 CURRY FORD RD  
ORLANDO FL 32812  
US**

**5480 CURRY FORD RD  
ORLANDO FL 32812  
US**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/01/1985**

5. FEI Number

**59-2629663**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THAKUR, MURAD K.	5480 CURRY FORD RD	ORLANDO FL

600025164296  
12/02/03--01060--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TRICKEL JR., WILLIAM  
39 WEST PINE STREET  
ORLANDO FL 32801**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11-20-03**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-20-03**

CR2E040 (7/03)

To whom it may concern:-

I sent this paper work and the Renewal fee before May '03 but I don't know why you never received it. I am sending it again. But would you

Please take the late fee of \$ - it will be greatly appreciated. -

Thank you

Sarena Thakur

of Manager

11-20-03