

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 12 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # Kue006

1. Corporation Name

DR. KUMAR RAJAGOPALAN M D PA

2. Principal Office Address

5465 N. SERA7

3. Mailing Office Address

12227 NW 49th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

CORAL SPRINGS, FL

Zip

33319

Country

USA

Zip

33076

Country

USA

800004191108-4

-05/03/01--01094-003

****900.00 ****900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/88

5. FEI Number

65-0102280.

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

KUMAR RAJAGOPALAN

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

12227 NW 49th St

Suite, Apt. #, Etc.

CORAL SPRINGS

City

State

FL

Zip Code

33076

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

Kumar Rajagopalan

Date

4/10/01

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 |
|--------|--------------------------------------|---|---------------------------|
| PRES | KUMAR RAJAGOPALAN | 12227 NW 49th St | CORAL SPRINGS FL 33076 |
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REINSTATEMENT

2000-01

[Signature]

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)(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:

Kumar Rajagopalan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

(954) 733-6466

CR2E081 (9/00)