

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 30 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000024113**

**1. Limited Liability Company's Name**

Kanika Pal, M.D., P.L.C.

CR2E041 (1/07)

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

8826 Southern Breeze Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip Country  
32836 USA

**3. Mailing Office Address**

8826 Southern Breeze Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip Country  
32836 USA

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

06/24/2003

**6. FEI Number**

20-0095872

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Kanika Pal

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

8826 Southern Breeze Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/26/07

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Kanika Pal	8826 Southern Breeze Dr	Orlando FL 32836
			800102525518 05/15/07--01038--012 **200.00
			REINSTATEMENT 04-07

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]*

Date

4/26/07

Daytime Phone #

407-423-2371

Typed or printed name of signing Managing Member/Manager