

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 OCT 31 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **M08208**

1. Corporation Name

**DEEPAK KAPILA, M.D. P.A.**

2. Principal Office Address

**7050 NW 4th St.**

Suite, Apt. #, etc.

**#102**

City & State

**Plantation, FL**

Zip

**33317**

Country

**U.S.A.**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-27-84**

5. FEI Number

**59-2490471**

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

**DEEPAK KAPILA**

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

**7050 NW 4th St.**

Suite, Apt. #/Etc.

**#102**

City

**Plantation**

State

**FL**

Zip Code

**33317**

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

REGISTERED AGENT MUST SIGN

Date

**10-27-06**

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
P	DEEPAK KAPILA	7050 NW 4th St. #102	Plantation, FL 33317

**REINSTATEMENT 05-06**

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-27-06**

**954 584 300**

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DEEPAK KAPILA, M.D., P.A., F.A.C.O.S., F.A.C.S.

MEDICAL TIME PLAZA  
7050 N.W. 4th STREET, SUITE 102  
PLANTATION, FLORIDA 33317

Orthopedic and Hand Surgery  
American Society for Surgery of the Hand  
Diplomate American Board of Orthopedic Surgery  
Fellow American Academy of Orthopedic Surgeons  
Fellow International College of Surgeons  
Fellow American College of Surgeons  
Board Certified in Surgery of the Hand

Telephone (954) 584-3001  
Fax (954) 584-3013

November 27, 2006

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

Gentlemen:

I have enclosed our corporate reinstatement application, as well as a check for the year 2005-2006 that I was told had to be paid.

Unfortunately we have received no renewal information regarding the annual report. I have been Dr. Kapila's office manager and nothing from your department has come in to this office.

Due to these circumstances would you please waive the late fee's.

Sincerely,



Celia Napoli  
Office manager for  
D. Kapila, M.D.