

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 AM 10:14

DOCUMENT # M83492

1. Corporation Name

BETHESDA PROPERTY, INC.

Principal Place of Business

Mailing Address

3268 N. OCEAN BLVD.,
GULFSTREAM, FL 33483

3268 N. OCEAN BLVD.,
GULFSTREAM, FL 33483

*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

2623 S. Seacrest Blvd.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 114

City & State

City & State
Boynton Beach, FL

Zip

Country

Zip

Country

33435

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/1988

5. FEI Number

65-0064538

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	Selva Ganesh, M.D.	3268 N. Ocean Blvd.,	Gulfstream, FL 33483

8. Name and Address of Current Registered Agent

Selva Ganesh, M.D.
2623 S. Seacrest Blvd.,
Suite 114
Boynton Beach, FL 33435

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Date

i. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)