



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000002261</b> 1. Entity Name <b>REBECCA LANE MEDICAL SUITES CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 SEP 14 PM 3:37</b> 06 SEP 14 PM 3:37 06 SEP 14 PM 3:37	
Principal Place of Business <b>2720 REBECCA LANE #101 ORANGE CITY, FL 32763</b>				Mailing Address <b>% 53 N. OLD KINGS ROAD, SUITE C, ORMOND BEACH, FL 32174</b> <i>2720 Rebecca Lane #101 Orange City FL 32763.</i>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 <b>REINSTATEMENT</b>			
City & State <i>Orange City</i>		City & State <i>FL 32763</i>		4. FEI Number <b>20-1126853</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32763</i>		Country <i>Volusia</i>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHAUHAN, UDAY 2720 REBECCA LANE #101 ORANGE CITY, FL 32763</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>U Chauhan MD</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>9/11/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CHAUHAN, UDAY</b> <b>2720 REBECCA LANE #107</b> <b>ORANGE CITY, FL 32763</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200079940472</b> <b>09/19/06--01017--012 **122.50</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P <b>Vinod Malik</b> <b>2720 Rebecca Lane #104</b> <b>Orange City FL 32763</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>U Chauhan MD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				UDAY CHAUHAN Sept 11, 2006 <small>Date Daytime Phone #</small>			