

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

**02 MAR 25 AM 11:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** N38766

**REINSTATEMENT** 96-02

**1. Corporation Name**

Association of Physician and Dentists from South Asia, Inc.  
8030 Tabby Lane  
Maitland, FL 32751

**NEW NAME per Amendment:**

Doctors of South Asia, Inc.

**2. Principal Office Address**

8030 Tabby Lane

**3. Mailing Office Address**

505 Maitland Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206

City & State

City & State

Maitland, FL

Altamonte Springs, FL

Zip

Country

32751

USA

Zip

Country

32701

USA

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

**5. FEI Number**

59-3039097

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$875 Additional Fee required  
for a Certificate of Status**

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

Name

Zubair S. Mansori

900005153249--8

-03/25/02--01024--010

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

505 Maitland Avenue

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Suite, Apt. #, Etc.

Suite 206

900005153249--8

-03/25/02--01024--008

City

Altamonte Springs

State

FL

Zip Code

32701

\*\*\*\*\*577.50 \*\*\*\*\*542.50

**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

*Zubair S. Mansori*

Date

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	Rajesh Patel, M.D.	8030 Tabby Lane	Maitland, FL 32751
VPres	Vraj Panara, M.D.	8030 Tabby Lane	Maitland, FL 32751
Secy	Raj Saxena, M.D.	8030 Tabby Lane	Maitland, FL 32751
Treas	Priveer Sharma, D.D.S.	8030 Tabby Lane	Maitland, FL 32751
			3/25/02
			Spayne

**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:**

*Rajesh Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)