

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -5 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000020944**

1. Corporation Name

SHEETAL KUMAR MD PA

2. Principal Office Address

900 East Ocean Blvd

Suite, Apt. #, etc.

222C

City & State

Stuart FL

Zip

34994

Country

3. Mailing Office Address

900 East Ocean Blvd

Suite, Apt. #, etc.

222C

City & State

Stuart FL

Zip

34994

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-22-2000

5. FEI Number

65-632-8658

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

SOPKO, JAMES

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

853 SE MONTEREY COMMONS BLVD

Suite, Apt. #, Etc.

City

STUART FL

State
FL

Zip Code

34996

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/3/02

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
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D	Kumar, Sheetal MD	2346 NW Fork Road Stuart FL 34994	
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000009370290
12/05/02--01028--006 \$150.00

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-2 772-260-7402

Daytime Phone #

Advanced Health Care for Women

Sheetal Kanar Kumar M.D., P.A.

900 E. Ocean Blvd. Suite 222C

Stuart, Fl. 34994

(772) 219-2500 Fax (772) 286-8442

To : Department of State
Division of Corporation

Date: December 3, 2002

Re : Corporation Reinstatement
FEI # 65 632 8658

I am hereby submitting my Corporation Reinstatement form along with a fee of \$150. I was recently advised that my corporation was dissolved due to non filing of the annual report. Please note that the filing materials were sent to my previous address and were therefore not received by me at all. As such I hope to receive a waiver on any additional penalties.

Thank you.

Sincerely



Sheetal Kumar, MD