

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



000024084580
10/24/03--01033--012 **150.00

DOCUMENT # P00000092198

1. Corporation Name

NATARAJAN RAJAGOPALAN, M.D., P.A.

Principal Place of Business

Mailing Address

9618 PINES BOULEVARD
PEMBROKE PINES FL 33024

9618 PINES BOULEVARD
PEMBROKE PINES FL 33024

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2000

5. FEI Number

65-1043041

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RAJAGOPALAN, NATARAJAN	3175 N.E. 207TH TERRACE	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

9544504511

CH2E040 (7/03)



Natarajan Rajagopalan MD, MRCP, FRCP(C), FCCP

Board certified

**Internal Medicine
Pulmonology**

**Critical Care Medicine
Sleep Medicine**

9618 Pines Boulevard
Pembroke Pines FL 33024
Phone: 954 450 4511

21150 Biscayne Boulevard #304
Aventura FL 33180
Fax: 954 450 4561

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

October 21, 2003

Dear Sir/Madam,

This is to inform you I never got the prior notice to pay our fees for our license. This is the first notice I received. Further to my telephone conversation with your department, I am enclosing a check for \$150 as instructed. Please re-instate my license.

Yours truly,

(Natarajan Rajagopalan)