

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 12 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097175

1. Corporation Name

AGHA BABER KHAN, M.D., P.A.

2. Principal Office Address

429 W. VINE STREET

3. Mailing Office Address

P.O. BOX 423069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

Zip

34741

Country

USA

Zip

34741

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. EIN Number

59-3672805

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AGHA BABER KHAN, M.D., P.A.

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

429 W. VINE STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

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
P	AGHA BABER KHAN	429 W. VINE ST.	KISSIMMEE, FL. 34741
	<i>\$26/15</i>		

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 contained in Chapter 119, 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:

Agba Khan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/06
Date

4074890586
Daytime Phone #