
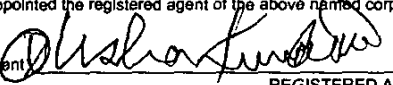



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 JAN 24 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # <u>PO1000096902</u>					
1. Corporation Name <u>USHA KUNDU, MD, FACOG, PA</u>					
2. Principal Office Address - No P.O. Box # <u>4905 N DAVIS HWY</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>4905 N DAVIS HWY</u> <small>Suite, Apt. #, etc.</small>			
City & State <u>PENSACOLA FL</u>		City & State <u>PENSACOLA FL</u>			
Zip <u>32503</u>	Country	Zip <u>32503</u>	Country		
4. Date Incorporated or Qualified To Do Business in Florida		REINSTATEMENT <u>02-07</u> CR2E081 (1/07)			
5. FEI Number <u>81-0551445</u>		<table border="1" style="width: 100%;"><tr><td><input type="checkbox"/> Applied For</td></tr><tr><td><input type="checkbox"/> Not Applicable</td></tr></table>		<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Applied For					
<input type="checkbox"/> Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name <u>USHA KUNDU</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4905 N DAVIS HWY</u>					
Suite, Apt. #, Etc.					
City <u>PENSACOLA</u>		State <u>FL</u>	Zip Code <u>32503</u>		
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 <u>1/19/07</u>			
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		
<u>PRES.</u>	<u>USHA KUNDU</u>	<u>4905 N DAVIS HWY</u>	<u>PENSACOLA FL 32503</u>		
100086472721 01/30/07--01005-016 **900.00					
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 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 		Date <u>1/19/07</u> Daytime Phone # <u>(850) 476-9802</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					