

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 MAR 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000025613

1. Corporation Name

S. PATWARI, M.D., P.A.

2. Principal Office Address

1515 EDEN ISLE BLVD NE

Suite, Apt. #, etc.

#17

City & State

ST PETERSBURG, FL

Zip

33704

Country

USA

3. Mailing Office Address

1515 EDEN ISLE BLVD NE

Suite, Apt. #, etc.

#17

City & State

ST PETERSBURG, FL

Zip

33704

Country

USA

REINSTATEMENT 03-05

MRD

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2002

5. FEI Number

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

ANURADHA PATWARI

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

1515 EDEN ISLE BLVD NE #17

Suite, Apt. #, Etc.

#17

City

ST PETERSBURG

State

FL

Zip Code

33704

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

P. Anuradha

Date 02-14-05

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
D	PATWARI, SUNEETHI	1515 EDEN ISLE BLVD NE #17	ST PETERSBURG FL 33704

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:

P. Anuradha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-05 727-894-9157

Date

Daytime Phone #

CR2E081 (01/05)

292

March 10,05

Suneethi Patwari MD
Director of 'S Patwari MD PA'
1515 Eden Isle Blvd NE # 17
St Petersburg FL 33704

To

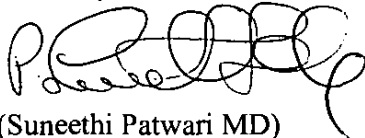
The Secretary of State
Division of Corporations
Tallahassee

Sub: Reinstatement of S corporation "S Patwari MD PA"
Document # PO2000025613

Sir/Madam

I resubmit to your honour that I could not file my papers on time as I did not receive the notice. I am here with submitting the cheque for \$ 450/- as advised by the customer representative specialist at your office, kindly waive the penalty and reinstate the(my) corporation, thank you.

Sincerely Yours



(Suneethi Patwari MD)