

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN -6 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000030682

**1. Corporation Name**

Nalluri Plastic Surgery, Inc.

**REINSTATEMENT 03**

000026134040  
01/06/04--01039--016 \*\*150.00

**2. Principal Office Address**

5899 Whitfield Ave

**3. Mailing Office Address**

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34243

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/20/2002

**5. FEI Number**

02-0568768

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

BUSINESS FILINGS *Incorporated*

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

660 EAST JEFFERSON STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

**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 12/19/2003

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
Pres	Raja Nalluri, M.D.	5899 Whitfield Ave #104	Sarasota, FL 34243

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/2003

Daytime Phone #

941 360 1011

CR2E061 (10/02)

**Nalluri Plastic Surgery, Inc.**



5899 Whitfield Ave., #104  
Sarasota, Florida 34243  
tel: (941) 360-1011  
fax: (941) 359-8802  
<http://www.nalluri.com>

Raja Nalluri, M.D.

Friday, December 19, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32399  
(850)-245-6059  
[www.sunbiz.org](http://www.sunbiz.org)

To Whom It May Concern:

My corporation, Nalluri Plastic Surgery, Inc., document # 002000030682, Tax ID # 02-0568768 is showing inactive status with the Department of State. The corporation was formed in March 2002 with registered agent Business Filings Incorporated.

I did not receive an annual report to file for 2002, and that is the reason I never submitted one. Also, I checked with my registered agent and they did not receive one either. I think the problem was that the address you have on file is an old address that is invalid. The address, first of all, should be corrected to:

Nalluri Plastic Surgery, Inc.,  
5899 Whitfield Ave., Suite #104  
Sarasota, FL 34243  
(941) 360-1011

Next, as per the telephone instructions, I am enclosing a check for \$150 to cover the cost of reinstatement since I never received an annual report to file.

Thank you,

*Raja Nalluri, M.D.*  
Raja Nalluri, M.D.  
12/19/2003 4:25 PM