

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 21 PM 1:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03



000029959520
 10/21/03--01017--001 **150.00

DOCUMENT # **P02000059954**

1. Corporation Name

ASTHMA AND ALLERGY CLINIC, P.A.

Principal Place of Business

Mailing Address

~~204 E 19 STREET~~
~~PANAMA CITY FL 32405~~

~~204 E 19 STREET~~
~~PANAMA CITY FL 32405~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2687 Jenks Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2687 Jenks Ave.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

Bay

City & State

Panama City, FL

Zip

32405

Country

Bay

4. Date Incorporated or Qualified To Do Business in Florida

05/30/2002

5. FEI Number

01-0706756

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KHARE, GEETA	2837 LONGLEAF RD	PANAMA CITY FL 32405

8. Name and Address of Current Registered Agent

KHARE, GEETA
2837 LONGLEAF RD
PANAMA CITY FL 32405

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

Geeta Khare **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

Geeta Khare **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

850-747-3665

Daytime Phone #

CR2E040 (7/03)



Asthma and Allergy Clinic, P.A.
Geeta Khare, M.D.

15 October 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam,

Enclosed is our completed application for reinstatement.

We respectfully request waiver of the penalty. The two prior uniform business report (UBR) notices were never received. The notice of administrative dissolution or revocation was sent to an old address. Please note that our current address is 2687 Jenks Ave., Panama City, FL 32405. We have made the appropriate changes on the application.

Enclosed is a check for the amount of \$150.00. As per your recorded message and the telephone representative, this is the appropriate amount. We take all regulatory requirements very seriously and are sending these documents to you via express mail service.

Please contact us at the above address or at 850-747-3665 if you have any further instructions or concerns.

Sincerely,

Geeta Khare, M.D.