

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000092213

1. Corporation Name

SHAILESH SHAH, M.D., P.A.

Principal Place of Business

320 W. OAK STREET
KISSIMMEE FL 34741

Mailing Address

320 W. OAK STREET
KISSIMMEE FL 34741

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FEI Number

522375558

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SHAH, SHAILESH J MD	320 W. OAK STREET	KISSIMMEE FL 34741
VP	SHAH, DIPTI	320 W. OAK STREET	KISSIMMEE FL 34741

900023802529
10/15/03--01016--021 **158.75

8. Name and Address of Current Registered Agent

SHAH, SHAILESH J MD
320 W. OAK STREET
KISSIMMEE FL 34741

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

SIGN SHAILESH SHAH

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

SIGN SHAILESH SHAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 407 931 1300
Date Daytime Phone #

CR20040 (7/03)

OCT 9, 2003

To
Florida Dept. Of State
Division of Corporation.

Sub : waiver of reinstatement fee

Dear Sir/ Madam

I am president of SHAILESH SHAH, M.D., P.A. I have never received a notice to file uniform business report. I have neither received any warning notice to dissolve/revoke The corporation. I hereby request to waive reinstatement fee and penalty if any.

I am sending completed reinstatement application with cheque for 158.75\$ for UBRfee and certificate of status.

Donot hesitate to contact me on below address, should you have any question.

Thank you very much for considering the matter.

Shailesh Shah
(SHAH SHAILESH J MD)
PRESIDENT
SHAILESH SHAH, M.D., P.A.
320 W OAK ST
KISSIMMEE, FL 34741
PH: 407 931 1300