PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000102771 **DOCUMENT #**

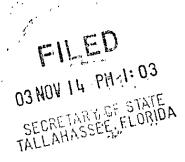
1. Corporation Name

SATYWAN CHHABRIA, M.D., P.A.

Principal Place of Business

Mailing Address

7777 CHIPWOOD LANE JACKSONVILLE FL 32256 7777 CHIPWOOD LANE JACKSONVILLE FL 32256





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If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai					Date Incorporated or Qualified To Do Business in Florida 09/23/2002			
Suite, Apt. #, etc. Suite		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State City & State			* 30		*30	-0/33/757 Not Applicable		
Zip	Country	_Zip	Count	ry	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
D	CHHABRIA, SATYWAN	7777 CHIPWOOD LANE			JACKSONVILLE FL 32256			
				, , , , , , , , , , , , , , , , , , ,	<u>೧</u> ೧ 11/14/	00247136 0301075012	5171 **150.00	
	8. Name and Address of Current	Registered Age	ent	1	9. Name and	Address of New Registered	Agent	
			Name			3		
	IBRIA, SATYWAN CHIPWOOD LANE	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32256				Suite, Apt. #, Etc.				
				City	مسو بيدار	State - FL	Zip Code	
10. I, bein	g appointed the registered agent of the abo	ve named corpo	oration, am familiar v	vith and accept the o	bligations of Sect	tion 607.0505, F.S. or 617.050	5, F.S.	
Signature Registered	of d Agent	ESISTERED AG	ENT MUST SIGN	M);		Date 11/11/03	-	
11. I certif	v that I am an officer or director or the recei	ver or trustee er	mpowered to execute	this application as a	provided for in cha	apter 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: 2

Daytime Phone #

SATYWAN CHHABRIA, M.D., P.A. 7777 CHIPWOOD LANE JACKSONVILLE, FLORIDA 32256-2348

To: Florida Department of State

From: Dr. Satywan Chhabria, M.D.

Date: November 4, 2003

Subject: Corporate Dissolution of Satywan Chhabria, M.D., P.A.

Dear Department of State Representative:

Enclosed is the Application for Reinstatement of my corporation along with my company check for \$150.00. The instructions indicate the reinstatement fees can be waived if the corporation did not receive the two prior uniform business report notices.

As the President and sole stockholder of this corporation I confirm to you that I did not receive either of the notices referred to above. In fact this is the only notice I have received concerning this fee.

I trust the filing of this form along with the above referenced payment will allow for the reinstatement of my corporation. If additional information is needed you may contact me at the above address.

Sincerely

Dr. Satywan Chhabria, M.D., President