

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 # **P02000102771**

1. Corporation Name

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

Principal Place of Business

7777 CHIPWOOD LANE
JACKSONVILLE FL 32256

Mailing Address

7777 CHIPWOOD LANE
JACKSONVILLE FL 32256

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

09/23/2002

5. FEI Number

30-0133757

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

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
D	CHHABRIA, SATYWAN	7777 CHIPWOOD LANE	JACKSONVILLE FL 32256

000024713650
11/14/03--01075--012 **150.00

8. Name and Address of Current Registered Agent

CHHABRIA, SATYWAN
7777 CHIPWOOD LANE
JACKSONVILLE FL 32256

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/11/03

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:

[Signature]

SATYWAN CHHABRIA

11/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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