

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156315

1. Entity Name
SOMNATH NAIR, M.D.P.A.



Principal Place of Business
236 IMPERIAL LANE
LAUDERDALE BY THE SEA, FL 33308

Mailing Address
236 IMPERIAL LANE
LAUDERDALE BY THE SEA, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004 REIN-P CR2E098 (6/04)

4. FEI Number
20-0523779
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAIR, SOMNATH
236 IMPERIAL LANE
LAUDERDALE BY THE SEA, FL 33308

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NAIR, SOMNATH
STREET ADDRESS 236 IMPERIAL LANE
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV 30 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT





Gutta Koutoulas & Relis LLC

Certified Public Accountants & Consultants

November 23, 2004

Ms Katrina Sutphin
Florida Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Florida 32314

Re: Somnath Nair, MD,PA

Dear Ms. Sutphin

I am providing you with a completed reinstatement form for the above Corporation. I am also asking that the reinstatement fee be waived for the following reasons:

- The Company did not receive the original postcard in order to make the payment timely in May.
- Upon discovering that it had not been made, the Company immediately sent a check to the state, but neglected to put in a filled out annual report.
- The Company never received any correspondence relating to the matter until October.
- The Company then sent in the check for \$150, along with the completed reinstatement form, which was rejected due to the non-payment of the fee.

Based on the above facts, we respectfully request that the \$600 fee be waived and that you accept the enclosed reinstatement form.

Sincerely,

Steven L. Relis, CPA