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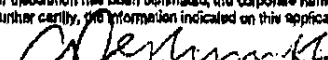
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P06000068253					
1. Corporation Name ABHIJIT DESHMUKH, MD, PA					
2. Principal Office Address - No P.O. Box # 8356 KIM ROAD		3. Mailing Office Address 8356 KIM ROAD		CR2ED61 (11/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/11/2006	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		5. FBI Number 204884484	
Zip 32217		Country US		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent Name ABHIJIT DESHMUKH, MD Street Address (P.O. Box Number is Not Acceptable) 8356 KIM ROAD Suite, Apt. #, Etc.		City JACKSONVILLE		State FL	
Zip Code 32217		6. CERTIFICATE OF STATUS DESIRED ☐ See 25. Annotations to Florida Statutes			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12/04/2009					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PST	ABHIJIT DESHMUKH, MD	8356 KIM ROAD	JACKSONVILLE, FL 32217		
REINSTATEMENT RH					
10. E-mail Address: abhijit.deshmukh@frogdocs.com					
11. I certify that I am an officer or director or the receiver or trustee employed 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. I further certify, 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: 				Date 12/04/2009 (904) 242-0166	

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
ABHIJIT DESHMUKH, MD, PA

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