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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

DOCUMENT # P06000068253

1. Corporation Name
ABHIJIT DESHMUKH, MD, PA

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8356 KIM ROAD		8356 KIM ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE, FL		JACKSONVILLE, FL	
Zip	Country	Zip	Country
32217	US	32217	US

CR2E061 (11/06)

4. Date Incorporated or Qualified To Do Business in Florida 05/11/2006

5. FEI Number 204864484 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee

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	State	Zip Code
JACKSONVILLE	FL	32217

☐ *The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12/04/2009
REGISTERED AGENT MUST SIGN

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

10. E-mail Address: abhijit.deshmukh@drogdocs.com
(To be used for future annual report notification)

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. 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: _____ 12/04/2009 (904) 242-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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