

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:34

DOCUMENT # P9300005334

1. Corporation Name

Mid Florida Pulmonary Associates, P.A.

2. Principal Office Address

1005 W. First St.

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32772

Country

Seminole

3. Mailing Office Address

1005 W. First St.

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32772

Country

Seminole

300023303453
09/24/03--01034--008 **1950.00

REINSTATEMENT 95-23

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/93

5. FEI Number

59-3195288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sabaretam Yogendra

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

3482 Oak Knoll Point

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

REGISTERED AGENT MUST SIGN

Date Sept 15/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVP	Sabaretam Yogendra	3482 Oak Knoll Point	Lake Mary FL 32746

10. 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.

SABARETAM YOGENDRA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 15/02

Date

407 321 2197

Daytime Phone #

CR2E081 (10/02)

9/25