

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000000413**

1. Corporation Name
ABDUL H. KHAN, D.D.S., P.A.
11707 LAKEWOOD DRIVE
HUDSON, FL 34669

Principal Place of Business
11707 LAKEWOOD DRIVE
HUDSON, FL 34669

Mailing Address
11707 LAKEWOOD DRIVE
HUDSON, FL 34669

FILED

97 JUN 20 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *90-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/01/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3221507	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>PD</i>	KHAN, ABDUL H.	591 APPALOOSA RD	TARPON SPRINGS, FL 34689
			700002220687--7 -06/24/97--01002--007 *****8.75 *****8.75
			700002220687--7 -06/24/97--01002--008 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KHAN, ABDUL H. 11707 LAKEWOOD DRIVE HUDSON, FL 34669	Name ABDUL H. KHAN		
	Street Address (P.O. Box Number is Not Acceptable) 11707 LAKEWOOD DRIVE		
	Suite, Apt. #, Etc.		
	City HUDSON	State FL	Zip Code 34669

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.

Signature of Registered Agent *[Signature]*
ABDUL H. KHAN REGISTERED AGENT MUST SIGN

Date **6.19.97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABDUL H. KHAN

6.19.97 **813 856 5644**
Date Daytime Phone #