

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -6 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PH4000011165
KHADIJATU E. ALLEN, M.D., P.A.

2. Principal Office Address

9277 Wesley Cove Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32257

Country

Duval

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/94

5. FEI Number

593221550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$876 Additional Fee required
for a Certificate of Status

300005169979--2

-03/26/02--01053--029

***1050.00 ***1050.00

7. Name and Address of Current Registered Agent

Name

Khadijatu E. Allen, M.D.

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

9277 Wesley Cove Ct.

Suite, Apt. #, Etc.

City

Jacksonville, Florida

State
FL

Zip Code

32257

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

Khadijatu Allen MD PA
REGISTERED AGENT MUST SIGN

Date

3/2/02

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

P

Khadijatu E. Allen

9277 Wesley Cove Ct.

Jacksonville, Florida 32257

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.

SIGNATURE:

Khadijatu Allen MD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/02

Daytime Phone #

904-737-8545

CR2E081 (9/00)