

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

97 SEP -2 PM 1:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PO5000079800
 1. Corporation Name
Alugubelli & Patel, M.D.P.A.

Principal Place of Business Mailing Address
3745 N Lecanto Hwy P O Box 640088
Beverly Hills Fl 34465 Beverly Hills Fl 34465

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 10/15/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3340748	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
Pres Secty			
Treas	Venkatreddy Alugubelli	3745 N Lecanto Hwy Beverly Hills Fl 34465	400002284624--6 --09/04/97--01053--003 ****915.00 ****915.00

Handwritten initials and date: JB 9-20-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Venkatreddy Alugubelli 3745 N Lecanto Hwy Beverly Hills Fl 34465		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Venkatreddy Alugubelli per cat. for Dr. Date 8-20-97
 REGISTERED AGENT MUST SIGN

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: Venkat Alugubelli Date 8-20-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)

**JAYCEE ENTERPRISES
4 NE THIRD ST
CRYSTAL RIVER FL 34429**

TEL; 352-795-6652 FAX;; 352-795-3589

Florida Department of State
Annual Reports Filings
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re; Alugubelli & Patel, M.D.P.A.
EIN; 59-3340748

Gentlemen:

Enclosed, please find "Florida Application for Reinstatement" form for the above captioned entity.

Unfortunately the entity's mailing address is a Post Office Box and the physical address was used for both 1996 and 1997 filing of the Corporate Registration, therefore no forms were received and nothing was done to resolve the situation at that time. The Post Office's answer to this dilemma was that the Post Office Box number be used as the address. Your instructions indicate that a physical address be used.

Also enclosed is Alugubelli & Patel, MDPA check No. 2893 to cover the reinstatement costs (\$915.00)

Trusting the enclosed documents and remittance will take care of this matter.

Thanking you in advance for your prompt attention to this matter,

Very truly yours,


Claire A Titus, Accountant

encl.