

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Patel/06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P 97000048576

1. Corporation Name

DR. Girish Patel, M.D.

2. Principal Office Address

2191-9th AVE N

3. Mailing Office Address

Same

Suite/Apt. #, etc.

250

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33713

Country

Pineellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/2/97

5. FEI Number

59-3450958

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

Patel, Girish, M.D.

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

2191 9th Ave N

Suite/Apt. #, Etc.

250

City

St. Petersburg

500066419015

02/23/06 01005-011 **191 0.00

State

FL

Zip Code

33713

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

[Signature]

Date

1/10/06

REGISTERED AGENT MUST SIGN

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
	PATEL, GIRISH, MD	2191-9th AVE N STE 250	ST PETERSBURG FLORIDA, 33713

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)(l), 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] MD

Date

1/10/06

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

GIRISH PATEL, M.D., P.A.
2191-9TH AVE., N., STE. 210
ST. PETERSBURG, FL 33713

SUBJECT: GIRISH PATEL, M.D., P.A.
Ref. Number: P97000048576

We have received your document for GIRISH PATEL, M.D., P.A. and check(s) totaling \$1950.00. However, your check(s) and document are being returned for the following:

Please list the title(s) of each officer in your document.

Please place a title in box 9 beside Mr. Patel's name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 306A00008546

*Girish Patel, M.D.
2191 9th Avenue N., Suite 250
St. Petersburg, FL 33713*