

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



500009344435
12/04/02-01003-015 **750.00

DOCUMENT # P98000055502

1. Corporation Name

MALLI KAMIREDDY, M.D., P.A.

Principal Place of Business

5162 LINTON BOULEVARD #106
DELRAY BEACH FL 33484

Mailing Address

5162 LINTON BOULEVARD #106
DELRAY BEACH FL 33484

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	06/22/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	22-3596622
City & State	City & State	Applied For	
Zip	Country	Not Applicable	
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KAMIREDDY, MALLI M.D.	5162 LINTON BOULEVARD #106	DELRAY BEACH FL 33484

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAMIREDDY, MALLI M.D.
5162 LINTON BOULEVARD #106
DELRAY BEACH FL 33484

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Mallu Reddy
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/16/02

11. 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:

Mallu Reddy
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/02 (561)496-3484
Date Daytime Phone #