

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

DOCUMENT # **P98000055502**

1. Corporation Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

Principal Place of Business

**5162 LINTON BOULEVARD #106
DELRAY BEACH FL 33484**

Mailing Address

**5162 LINTON BOULEVARD #106
DELRAY BEACH FL 33484**



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

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1998

5. FEI Number

22-3596622

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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	4 City / State / Zip
PSTD	KAMIREDDY, MALLI M.D.	5162 LINTON BOULEVARD #106	DELRAY BEACH FL 33484

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/25/02

Daytime Phone #

(561) 496-3484

CR2E040 (802)