

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 25 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

800009214138
11/25/02--01095--013 **1298.00



**CORPORATION
REINSTATEMENT**

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

DOCUMENT # 098000094990
1. Corporation Name
Dinesh Khanna MD PA

2. Principal Office Address
606 S. 9th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Leesburg, FL

FL

Zip FL 34748

Country X

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida Jan 99

5. FEI Number

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

Dinesh Khanna MD

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

606 S. 9th Street

Suite, Apt. #, Etc.

City

Leesburg

State
FL

Zip Code

34748

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

11/18/02

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
<u>PSTD</u>	<u>Dinesh Khanna MD</u>	<u>606 S. 9th Street Leesburg</u>	<u>Leesburg, FL 34748</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02

Date

(352) 728 3939

Daytime Phone #

CR2E081 (9/01)

11/27