

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

998 000084990

1. Corporation Name

DINESH KHANNA MD PA

2. Principal Office Address

1501 U.S. Hwy 44N.

Suite, Apt. #, etc.

BLOS 1600

City & State

The Villages

Zip

FL

Country

32162

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

593538029

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)

1501 U.S. Hwy 441 North #1600

Suite, Apt. #, Etc.

#1600

City

The Villages

State

FL

Zip Code

32162

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

4/25/05

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
<i>[Signature]</i>	Dinesh Khanna	1501 U.S. Hwy 441 #1600 The Villages	The Villages FL 32162

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

Date

4/25/05

Daytime Phone #

CR2E081 (01/05)

ps 208

Untitled

DINESH KHANNA MD PA
1501 US HWY 441 NORTH
BUILDING 1600
THE VILLAGES, FL 32162
(352)259-2159
(352)259-5731

APRIL 25, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE : DOCUMENT # P98000084990

GENTLEMEN:

PLEASE BE ADVISED THAT THE ABOVE CORPORATION DISSOLVED IN 2003. UNFORTUNATELY I DID NOT RECEIVE ANY RENEWAL NOTICES FROM THE DEPARTMENT OF CORPORATIONS. I AM ENCLOSING \$450.00 AS THE COPORATE LIABILITY FOR THE YEARS 2003, 2004 AND 2005. SHOULD YOU NEED ANY FURTHER INFORMATION PLEASE LET ME KNOW.

SINCERELY,



DINESH KHANNA