

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034919

1. Corporation Name

DOCTORSURF.COM, INC.

Principal Place of Business

Mailing Address

6950-BRYAN DAIRY ROAD
LARGO FL 33777

6950-BRYAN DAIRY ROAD
LARGO FL 33777



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

2. New Principal Office Address, If Applicable

6925 112 CIRCLE NORTH

Suite, Apt. #, etc.

SUITE 101

City & State

LARGO FLORIDA

Zip

33773

Country

USA

3. New Mailing Office Address, If Applicable

6925 112 CIRCLE NORTH

Suite, Apt. #, etc.

SUITE 101

City & State

LARGO FLORIDA

Zip

33773

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1999

5. FEI Number

59-3569844

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
D	SHARMA, RAKESH K	6950 BRYAN DAIRY ROAD	LARGO FL 33777
D	TANEJA, JUGAL K	6950 BRYAN DAIRY ROAD	LARGO FL 33777
D	TRABER, MARTIN A	6950 BRYAN DAIRY ROAD	LARGO FL 33777
			000003491530--6 -12/08/00--01032--017 ****758.75 ****750.00
		REINSTATEMENT	TS

8. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/00

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

10/17/00

Daytime Phone #

CR2040 (8/00)