

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION  
FOR



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

FILED

00 DEC 27 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042276**

1. Corporation Name

**JVM ENTERPRISES, INC.**

Principal Place of Business

2759 MARSH WREN CIRCLE  
LONGWOOD FL 32779

Mailing Address

2759 MARSH WREN CIRCLE  
LONGWOOD FL 32779

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

05/10/1999

5. FEI Number

59-3577575

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
DP	MEHTA, VIKRAM P	2759 MARSH WREN CIRCLE	LONGWOOD FL 32779
			200003524562--8 -01/05/01--01024--012 ****300.00 ****150.00
			DUUBR 78

8. Name and Address of Current Registered Agent

MEHTA, VIKRAM P  
2759 MARSH WREN CIRCLE  
LONGWOOD FL 32779

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 **04<sup>th</sup> Dec 2000**

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

Daytime Phone #

**20<sup>th</sup> Dec 2000 407-333-4548**

CR2E040 (8/00)

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**VIKRAM P. MEHTA, M.D., P.A.**

4106 W. LAKE MARY BLVD.  
SUITE 224  
LAKE MARY, FL 32746

Phone 407-333-4548  
Fax 407-333-1797

Division of Corporations  
Ms. Katherine Harris- Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314-6327

04 December 2000

Dear Ms. Harris,

I am a Hand Surgeon who just completed his first year as a private practioner. I started two corporations - JVM Enterprises, Inc., document P99000042276 and Vikram P. Mehta, M.D., P.A., document P99000020528.

I can truthfully state that in the current storm of hardship and turmoil reigning the field of medicine, it is very difficult for anyone to start a new practice and scale the mountain of hurdles and paperwork and barely stay abreast with them in order to keep his practice afloat and keep his head out of water.

During this short one year I also had to change my office to a new location. While I was struggling to get HMO and insurance contracts, county and city occupational licenses, I was shocked and saddened that my corporations were dissolved because of non-payment of their renewal dues.

**I say so with complete honesty and humility that I did not receive any notification regarding their annual renewals.**

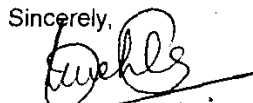
Furthermore, looking at the reinstatement fines I realized that the dollar amounts would be so steep and punitive in the nature that they would only add more financial woes and hardship to my fledging practice in its beginning years.

**I simply plead my situation as stated and request you to use your offices and power in good faith to abate my penalties for the reinstatement of my corporations.**

I would be glad to pay the state the regular fee with interest and sincerely apologize for this lapse which has occurred.

Please find enclosed a check in the amount of \$300.00 towards my reinstatement of my two corporations.

Sincerely,



Vikram P. Mehta, M.D.