

H00000054919 6 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 19 PM 2:31

DOCUMENT # **P99000075038**

1. Corporation Name
GURKIRPAL S. SHERGILL, M.D., P.A.

Principal Place of Business	Mailing Address
4011 HWY. 27 N. HAINES CITY FL 33844	4011 HWY. 27 N. HAINES CITY FL 33844

REINSTATEMENT



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/23/1999	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2		5. FEI Number 59-3595579	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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 /	SHERGILL, GURKIRPAL S M.D.	4011 HWY. 27 N.	HAINES CITY FL 33844
P/S/T			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
SHERGILL, GURKIRPAL S 4011 HWY. 27 N. HAINES CITY FL 33844	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: *Gurkirpal S Shergill* 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: *Gurkirpal S Shergill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Gurkirpal S. Shergill, M.D.**
 Date: 10-19-00 AD
 Office Phone #: 863-422-4338