

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P99000083767

1. Corporation Name

FLORIDA INFECTIOUS DISEASE CONSULTANTS PA

2. Principal Office Address - No P.O. Box #

10407 EMERALD AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

Zip

32836

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

SHOAIB SIDDIQUI

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

10407 EMERALD WOODS AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

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

REGISTERED AGENT MUST SIGN

Date 11-2-16

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
PRES	SHOAIB A. SIDDIQUI	10407 EMERALD WOODS AVE	ORLANDO FL 32836

10. E-mail Address: SHOAIB100@YAHOO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-16 407-361-7572  
Date Daytime Phone #

FILED

15 NOV -8 PM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-20-1999

5. FEI Number

59-3599662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required  
for a Certificate of Status

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11/08/16--01011--030 \*\*550.00