

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV - 1 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V18997

1. Corporation Name

Sangita Walia, P.A.

2. Principal Office Address

700 George Bush Blvd.

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33483

Country

USA

3. Mailing Office Address

700 George Bush Blvd.

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33483

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 10, 1992

5. FEI Number

65-0316507

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

Sangita Walia

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

700 George Bush Blvd.

Suite, Apt. #, etc.

City

Delray Beach

State
FLZip Code
33483

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 X

REGISTERED AGENT MUST SIGN

Date X

10/29/02

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
Dr.	Sangita Walia	700 George Bush Blvd.	Delray Beach FL 33483

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: X

Sangita Walia

10/29/02

561-276-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (2/01)

Sangita Walia, M.D.
700 George Bush Boulevard
Delray Beach FL 33483

October 25, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Sangita Walia, P.A.
65-0316507

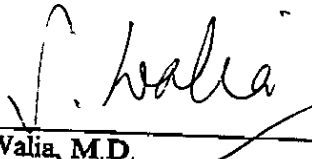
Dear Sir or Madam:

My ex-husband was my registered agent for my corporation and after our divorce he never forwarded any of my mail. I never received any forms for renewal due to this misfortune.

I respectfully request that you reinstate my corporation and I have enclosed a check in the amount of \$750.00 made payable to the Department of State.

Any and all consideration that you can give me will be greatly appreciated at this time.

Sincerely,



Sangita Walia, M.D.