


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>APPROVED AND FILED</p> <p>1997 JUN 13 PM 12:32</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>APPLICATION FOR REINSTATEMENT</p>		<p>DOCUMENT # M33365</p> <p>1. Corporation Name BEHRUZE RUYANI, M.D., P.A.</p>	
<p>Principal Place of Business 1150 North 35th Ave. Suite 245 Hollywood, FL 33021</p>		<p>Mailing Address 1150 North 35th Avenue Suite 245 Hollywood, FL 33021</p>	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>			
<p>2. New Principal Office Address, If Applicable</p>		<p>3. New Mailing Address, If Applicable</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>	
<p>City & State</p>		<p>City & State</p>	
<p>Zip</p>	<p>Country</p>	<p>Zip</p>	<p>Country</p>
<p>4. Date Incorporated or Qualified To Do Business in Florida</p>		<p>DO NOT WRITE IN THIS SPACE</p>	
<p>6/09/86 Eff.</p>		<p>5. FEI Number</p>	
<p>59-2678627</p>		<p>Applied For</p>	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>Not Applicable</p>	
<p>\$8.75 Additional Fee required for a Certificate of Status</p>		<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>	
<p>Title(s)</p>	<p>Name of Officers and/or Directors</p>	<p>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</p>	<p>City / State / Zip</p>
<p>D/P</p>	<p>Ruyani, Behruze</p>	<p>1150 North 35th Street, #245</p>	<p>Hollywood, FL 33021</p>
<p>REINSTATEMENT</p>			
<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p>	
<p>Diner, Jesse, H. 1946 Tyler Street Hollywood, FL 33020</p>		<p>Name Mitchell F. Green</p>	
<p>Street Address (P.O. Box Number is Not Acceptable)</p>		<p>Street Address (P.O. Box Number is Not Acceptable)</p>	
<p>4000 Hollywood Boulevard.</p>		<p>Suite, Apt. #, Etc.</p>	
<p>Suite 485 South</p>		<p>City</p>	
<p>Hollywood, FL</p>		<p>State</p>	<p>Zip Code</p>
<p>FL</p>		<p>33021</p>	
<p>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.</p>			
<p>Signature of Registered Agent</p>		<p>Date</p>	
<p><i>Mitchell F. Green</i></p>		<p>5/16/97</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>			
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>			
<p>SIGNATURE: <i>Behruze Ruyani</i></p>		<p>Date</p>	
<p>Behruze Ruyani, M.D.</p>		<p>6/4/97</p>	
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Daytime Phone #</p>	
<p>(954) 987-5300</p>		<p></p>	

CR2E040 (1/2/95)