

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

05 DEC -5 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 200 00 86 918

1. Corporation Name

Mona N. Arabi MD, PA.

2. Principal Office Address

c/o Rob Lytle
500 NW 43rd Street

3. Mailing Office Address

same as (2.)

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32607

Country

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

8/12/02

5. FEI Number

55 0801651

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

MONA N. ARABI

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

c/o Robert Lytle, 500 NW 43rd Street

Suite, Apt. #, Etc.

3

City

Gainesville, FL

State
FL

Zip Code

32607

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

Mona N. Arabi MD, PA
Mona N. Arabi MD, PA
REGISTERED AGENT MUST SIGN

Date

11-29-05

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
	Mona N. Arabi only for now.		

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)(f), 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:

Mona N. Arabi MD, PA

Mona N. Arabi MD, PA

Date

11-29-05

Daytime Phone #

352-379-8220

CFR201 (2/00)