

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
99 JUL -6 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095301

1. Corporation Name

BEHNAME BIRGANI, D.O., P.A.

Principal Place of Business 440 E. SAMPLE ROAD SUITE 106 POMPANO, FL 33064-3186	Mailing Address 440 E. SAMPLE ROAD SUITE 106 POMPANO, FL 33064-3186
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4301 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 6 City & State POMPANO BEACH, FL Zip 33064 Country U.S.A.	3. New Mailing Office Address, If Applicable 4301 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 6 City & State POMPANO BEACH, FL Zip 33064 Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 11/12/1998
		5. FEI Number 65-0879348
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DR. BEHNAME BIRGANI	4301 N. FEDERAL HWY. SUITE 6	POMPANO BEACH, FL 33064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DR. BEHNAME BIRGANI
440 E. SAMPLE ROAD
SUITE 106
POMPANO BEACH, FL 33064-3186

Name
DR. BEHNAME BIRGANI
Street Address (P.O. Box Number is Not Acceptable)
4301 N. FEDERAL HWY.
Suite, Apt. #, Etc.
SUITE 6
City
POMPANO BEACH
State
FL
Zip Code
33064

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year

(See other side for information on intangible tax.)

Intangible Personal Property tax due June 30.

Yes ☒ No ☐

12. 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 name 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:

DR. BEHNAME BIRGANI

954-941-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #