


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

DOCUMENT # P99000013491

1. Corporation Name  
Hussein Zabad, M.D., P.A.

2. Principal Office Address  
800 Zeagler Drive  
 Suite, Apt. #, etc. Suite 200  
 City & State Palatka, FL  
 Zip 32177 Country USA

3. Mailing Office Address  
800 Zeagler Drive  
 Suite, Apt. #, etc. Suite 200  
 City & State Palatka, FL  
 Zip 32177 Country USA

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 19 AM 10:43

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 -12/28/01--01082--020  
 \*\*\*\*150.00 \*\*\*\*150.00

REINSTATEMENT 60-01

4. Date Incorporated or Qualified To Do Business in Florida 10-15-1999

5. FEI Number 59-3605170 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 Hussein Zabad 000004743280--2  
 Street Address (P.O. Box Number is Not Acceptable) 800 Zeagler Drive  
 Suite, Apt. #, Etc. Suite 200  
 City Palatka State FL Zip Code 32177

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 [Signature] Date 11-8-01  
 REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Hussein Zabad</u>	<u>119 Hawthatha Court</u>	<u>E. Palatka, FL 32131</u>

JH 12/28

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: [Signature] Date (386) 326-0596  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)