

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002937

1. Corporation Name

EBRAHIM PAPAN, M.D., P.A.

2. Principal Office Address

2450 TAMiami TRAIL

3. Mailing Office Address

P.O. BOX 380185

Suite, Apt. #, etc.

Ste. A

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

U.S.

Zip

33938-0185

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

5. FEI Number

65-0883785

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT

00-03

7. Name and Address of Current Registered Agent

Name

EBRAHIM PAPAN

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

2450 TAMiami TRAIL

Ste. A

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

REGISTERED AGENT MUST SIGN

Date

11/19/01

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
PSTD	EBRAHIM PAPAN	2450 TAMiami TRAIL, Ste. A	PORT CHARLOTTE, FL 33952

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/01

941-624-2704

Daytime Phone #

CR2E081 (10/02)