

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 480139

1. Corporation Name

Nasim Ahmed, M.D., P.A.

Principal Place of Business

1461 74th Circle N.E.  
St. Petersburg, FL 33702

Mailing Address

2122 Cedar Circle Drive  
Baltimore, MD 21228

REINSTATEMENT

aw

94-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
7/1/75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1604843

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
1	2	3	4
P	Nasim Ahmed, M.D.	2122 Cedar Circle Drive	Baltimore, MD 21228

800002049738--6

-01/08/97-01009-002

\*\*\*\*775.00 \*\*\*\*775.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nasim Ahmed, M.D.  
2122 Cedar Circle Drive  
Baltimore, MD 21228

Name  
Sanford H. Barber

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

5001 Ninth Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

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

REGISTERED AGENT MUST SIGN

Date 12/12/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nasim Ahmed, M.D. ✓

Date

Daytime Phone #

(410) 455-9276

CR2E040 (12/95)

Audit No. H96000017774

APPROVED  
ANDAPPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1996 DEC 20 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 1. Name and Mailing Address of Corporation

SHUR'S INTERIORS BROWARD, INC.  
100 S.E. 2nd Street  
17th Floor  
Miami, FL 33131 US

DOCUMENT # 480338

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. If Mailing Address is different from mailing address, enter correct below:

Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_4. Date Incorporated or Qualified  
to do Business in Florida  
01/01/1978

5. FEI Number

58-1105200

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DATED

## 7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list all officers and directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT list P.O. Box Number)	City/State/Zip
VP/D	DE POMPIGNAN, JACQUES	3550 N. MIAMI AVENUE	Miami, Florida 33127
P/D	DE LUCY DE FOSSARIEU, E.	3550 N. MIAMI AVENUE	Miami, Florida 33127
VP/S/D	DE AGOSTINI, PIERAS	3550 N. MIAMI AVENUE	Miami, Florida 33127

REINSTATEMENT

196  
SCC 12-20-96

## REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

WARNER, JOHANN H.  
100 S.E. 2nd Street  
17th Floor  
Miami, Florida 33131 US

9. If checked, name registered agent office

Name \_\_\_\_\_

Address (Do NOT list P.O. Box Number)

c/o Fowler, White, et al.

Street Address (Do NOT list P.O. Box Number)

100 S.E. 2nd Street, 17th Floor

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Miami FL 33131

10. I hereby approve the registered agent of the above named corporation for service and accept the obligations of Section 637.006, F.S.

Signature of Registered Agent \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date 12-13-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for explanation)12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under G. 199.032, Florida Statutes: Yes ☐ No ☐ (See other side for explanation on G. 199.032)

13. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in Chapter 637 or 637.006, F.S. I declare under penalty of perjury that when this application is submitted to the Department of State for processing, the corporation has satisfied the requirements of section 637.006(1), F.S., and that it has been approved by the corporation's board of directors. The application is being filed in accordance with the requirements of section 637.006(1), F.S., and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director \_\_\_\_\_ Date 12/16/96

Typed or printed name of signing officer or director \_\_\_\_\_

Audit No. H96000017774