

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Corporation
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 20 PM 1:51

DOCUMENT # 512143

1. Limited Liability Company's Name

Mohammed IPrees M.D., P.A.

800170454208
02/24/10--01037--001 **100.00

CR2E041 (11/09)

KS

2. Principal Office Address - No P.O. Box #

1454 Bellair Lane N.E. Same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Bay

Zip

Country

FL

Brevard

City & State

Zip

Country

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

51-1692262

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

800170454208

01/20/10 01031 027 **50.00

8. Name and Address of Current Registered Agent

Name

Mohammed IPrees M.D.

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

1454 Bellair Lane N.E.

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-17-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	Mohammed IPrees	1454 Bellair Lane N.E. Palm Bay, FL 32905	Palm Bay, FL 32905

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date

2/17/10

Daytime Phone # (321) 723-2121

Typed or printed name of signing Managing Member/Manager