

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL -1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TALIB HUSSAIN, M.D., P.A.
7770 BAY STREET, SUITE 13
SEBASTIAN, FLORIDA 32958

544661

600006234336--7
-07/08/02--01003--006
****458.75 ****458.75

2. Principal Office Address

7770 134th Street

Suite, Apt. #, etc.

City & State

Sebastian FL 32958

Zip

32958

Country

Indian River

3. Mailing Office Address

7770 134th Street

Suite, Apt. #, etc.

City & State

Sebastian FL 32958

Zip

32958

Country

Indian River

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/77

5. FEI Number

591791149

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

TALIB HUSSAIN, M.D., P.A.

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

7770 134th Street

Suite, Apt. #, Etc.

City

Sebastian

State
FL

Zip Code

32958

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

Talib Hussain

REGISTERED AGENT MUST SIGN

Date

6/28/02

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
President	TALIB HUSSAIN	7770 134th Street	Sebastian FL 32958

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:

Talib Hussain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/02 772-589-7177

Daytime Phone #

CR2E081 (9/01)

TALIB HUSSAIN, M.D., P.A.
INTERNAL MEDICINE AND CARDIOLOGY
7770 BAY STREET, SUITE 13
SEBASTIAN, FL 32958
(772) 589-7177

JUNE 28, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: CORPORATION REINSTATEMENT

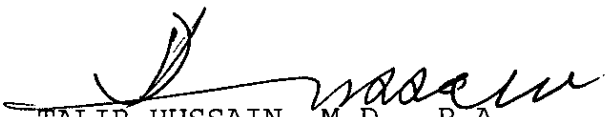
TO WHOM IT MAY CONCERN:

SINCE 1999 I HAVE NOT RECEIVED MY CORPORATION PAPERS AND
YESTERDAY I ASKED MY SECRETARY PHYLLIS MORROW TO CONTACT YOUR
OFFICE SHE WAS TOLD THAT THE CORPORATION WAS DISSOLVED IN 2000
BECAUSE THE PAPERS WERE SENT BACK TO YOUR OFFICE "MAIL
UNDELIVERABLE NO FORWARDING ADDRESS".

THE ENCLOSED FORM IS THE REINSTATEMENT FORM FILLED OUT PER YOUR
REQUEST ALONG WITH \$458.75. NO PENALTY TO APPLY.

IF YOU HAVE ANY FURTHER QUESTIONS PLEASE FEEL FREE TO CONTACT
MY OFFICE AT 772/589/7177.

THANK YOU,


TALIB HUSSAIN, M.D., P.A.

TH/pm