


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 26 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 550449

Corporation Name

Naresh Dave, M.D., P.A.

REINSTATEMENT 97-04
300029416203
02/26/04--01004--015 **43.75
300029416203
02/26/04--01004--014 **1215.00

2. Principal Office Address 701 W. Dr. M.L. King Blvd. Suite, Apt. #, etc. Suite 4 City & State Tampa, FL Zip 33603		3. Mailing Office Address 701 W. Dr. M.L. King Blvd. Suite, Apt. #, etc. Suite 4 City & State Tampa, FL Zip 33603		Country Hillsborough	
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4. Date Incorporated or Qualified To Do Business in Florida 11/01/1977

5. FEI Number 59-1776761	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
William Kalish, Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 S. Ashley Drive

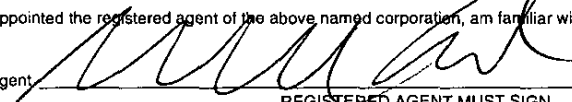
Suite, Apt. #, Etc.
Suite 1500

City
Tampa

State
FL

Zip Code
33602

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:  Date: 2/18/04

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
P/D	Mina Haidari, Personal Representative	12005 N. Gomez Avenue	Tampa, FL 33618

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: m. P. Haidari Date: 2/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/04)

Mina Haidari
12005 N. Gomez Avenue
Tampa, Florida 33618

February 13, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Naresh Dave, M.D., P.A.
Document # 550449

Dear Sir or Madam:

To the best of my knowledge, Naresh Dave, M.D., P.A. never received its Annual Report notice in 1997.

Sincerely,



Mina Haidari, Personal Representative
of the Estate of Naresh B. Dave,
Shareholder and Director