

FROM : FMMC

FAX NO. : 954-351-9194

Apr. 27 2006 03:42PM P3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

DIVISION OF CORPORATIONS

ATX1

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F19184

1. Corporation Name

AHMAD TOUFANIAN, M.D., P.A.

2. Principal Office Address

1500 NORTH DIXIE HIGHWAY, Suite

Suite, Apt. #, etc.

202

City & State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2087131

2/1/1981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Name

7. Name and Address of Current Registered Agent

AHMAD TOUFANIAN

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

1500 NORTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

202

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

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
PRES	AHMAD TOUFANIAN	1500 NORTH DIXIE HWY., #202	WEST PALM BEACH, FL 33401

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 corporation 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)(f), 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

4/26/06

(561) 655-8200
Daytime Phone #

2012

AHMAD TOUFANIAN, M.D., P.A.

*DIPLOMAT AMERICAN BOARD OF SURGERY
PEDIATRIC SURGEON*

1500 N. DIXIE HIGHWAY • SUITE 202
WEST PALM BEACH, FL 33401

TEL : (561) 655-6800
FAX : (561) 835-3686

April 27, 2006

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

RE: Ahmad Toufanian, M. D., P.A.
F-19194/Reinstatement of Corporation

Dear Sir/Madam:

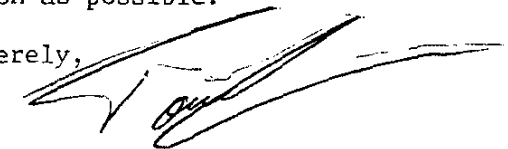
We are writing to you concerning the reinstatement of the above mentioned corporation.

It was by chance that we discovered our corporation has been inactive since 2004. We have never received the original corporate annual reports and never received notification of the dissolution.

Therefore, we request that you waive any penalties and accept our check in the amount of \$450 for our annual reports for 2004, 2005, and 2006.

We hope that our coporation is reinstated as soon as possible.

Sincerely,



Ahmad Toufanian, M. D.

AT/dc