

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 JAN -6 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F75695

1. Corporation Name

SHEIKH MUHAMMAD ILYAS, M.D., P.A.

Principal Place of Business

Mailing Address

P.O. BOX 699  
408 E HWY. 90  
BONIFAY FL 32425

P.O. BOX 699, N/A  
408 E. HWY. 90  
BONIFAY FL 32425  
US

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

2. New Principal Office Address, If Applicable

756 Harrison Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

756 Harrison Ave

Suite, Apt. #, etc.

City & State

Panama City FL

Zip

32401

Country

US

City & State

Panama City, FL

Zip

32401

Country

US



REINSTATEMENT

98

4. Date Incorporated or Qualified  
To Do Business In Florida

04/09/1982

5. FEI Number

59-2170398

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DP	ILYAS, SHEIKH M	408 E HWY 90 756 Harrison Ave	BONIFAY, FL 00000 Panama City, FL 32401

000002738580--6  
-01/12/99--01080--020  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

ILYAS, SHEIKH MUHAMMAD  
408 E. HWY. 90  
BONIFAY FL 32425

9. Name and Address of New Registered Agent

Name

ILYAS, Sheikh Muhammad

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

756 Harrison Ave

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

10. 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

SIGNATURE REQUIRED

Date

12-17-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-17-98

CR2EN40 (8/83)