

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 DEC 13 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-17-07
fx

300113083573
12/12/07--01048--004 **300.00

CR2E081 (1/07)

REINSTATEMENT 0607

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F77105*

1. Corporation Name

Amir H. Fatemi, M.D., P.A

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

6934 St. Augustine Rd.

3. Mailing Office Address

6934 St. Augustine Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32217

Country

Zip

32217

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-1-1982

5. FEI Number

592191237

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

Ross T. Clark

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

1558 San Marco Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207



The 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 reinstatement fee be waived.

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

Ross T. Clark

REGISTERED AGENT MUST SIGN

Date **12-11-07**

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
St	Fatemi, Mahshid	6934 St. Augustine Rd	Jacksonville, FL 32217
P	Fatemi, Amir H, M.D.	6934 St. Augustine Rd	Jacksonville, FL 32217

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 contained in Chapter 119, 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:

Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-07 (904) 737-7393

Date

Daytime Phone #