

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 OCT 25 PM 5:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G44399**

1. Corporation Name
M. JARRAH, M.D., P.A.

Principal Place of Business C/O M. JARRAH, M.D. 2885 TAMiami TRAIL PORT CHARLOTTE FL 33952	Mailing Address C/O M. JARRAH, M.D. 2885 TAMiami TRAIL PORT CHARLOTTE FL 33952
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REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 06/20/1983	5. FEI Number 59-2305765 Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S\$ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JARRAH, MAMOON	2885 TAMiami TR	PT CHARLOTTE FL

600003032946-4
 -11/02/99--01090--008
 *****750.00 *****750.00

LS

8. Name and Address of Current Registered Agent JARRAH, M., M.D. 2885 TAMiami TRAIL PORT CHARLOTTE FL 33952	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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]* Date: **10/18/99**

REGISTERED AGENT MUST SIGN

11. 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]* Date: **10/18/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (8/99)