PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 22 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H96288

1. Corporation Name
E. AKSU, M.D., P.A.

REINSTATEMENT 04

2. Principal Office Address	3. Mailing Office Address
1219 SE 4th AVENUE	1219 SE 4th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FORT LAUDERDALE, FL	FORT LAUDERDALE, FL
Zip 33316 Country BROWARD	Zip 33316 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 02-01-1986

5. FEI Number 592639310 ☐ 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 E. AKSU, M.D.

Street Address (P.O. Box Number is Not Acceptable) 1219 SE 4th AVENUE

Suite, Apt. #, Etc.

City FORT LAUDERDALE State FL Zip Code 33316

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 10/20/04

CR2E031 (8/04)

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
DPV	E. AKSU	1219 SE 4th AVENUE	FT. LAUDERDALE FL 33316
		700041210590	
		10/22/04--01041--005 **750.00	
			10/25

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: _____ E. AKSU 10/20/04 954-462-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #