CORPORATION REINSTATEMENT
98-00

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J38902

1. Corporation Name
NASIR ALARAKHIA, M.D P.A.

REINSTATEMENT 98-00

SP

2. Principal Office Address #110	3. Mailing Office Address
9430 Turkey Lake Rd	5201 Timberview Terrace

Suite, Apt. #, etc.
Suite 110

Suite, Apt. #, etc.

City & State
Orlando Fl

City & State
Orlando Fl

Zip 32819	Country USA	Zip 32819	Country USA

4. Date Incorporated or Qualified To Do Business in Florida   10/22/86

5. FEI Number   59-2748491 | 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   Nasir Alarakhia

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—04/05/00 01002 17
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable)
5201 Timberview Terrace

Suite, Apt. #, Etc.

City Orlando	State FL	Zip Code 32819

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 X _____
REGISTERED AGENT MUST SIGN

Date   3/20/00.

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
PST	Nasir Alarakhia	5201 Timberview Terrace	Orlando, Fl 32819

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
Date

Daytime Phone #

CR2E081 (9/99)