

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14044**

1. Corporation Name

FLORIDA CHAPTER, ARAB AMERICAN MEDICAL ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

DR. BAROUDI
2885 TAMIAHI TRAIL
PORT CHARLOTTE FL 33952

DR. BAROUDI
2885 TAMIAHI TRAIL
PORT CHARLOTTE FL 33952

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1986

5. FEI Number

59-1365533

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	City / State / Zip 4
D	BAROUDI, ISSA F.	2885 TAMIAHI TRAIL 3222	PORT CHARLOTTE FL
D	JARRAH, MAMOON	2885 TAMIAHI TRAIL	PORT CHARLOTTE FL
D	AL-KHATIB, TAREQ	2862 TAMIAHI TRAIL #5	PORT CHARLOTTE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAROUDI, ISSA F.
2885 TAMIAHI TRAIL
PORT CHARLOTTE FL 33452

3222 Tamiami

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10/23/03

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 of Issa F. Baroudi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/03 (941) 627-5155

CR2E040 (7/03)

Arab American Medical Association Inc. , Florida Chapter
Promenades Surgery Center, LLC
3222 Tamiami Trail
Port Charlotte, Florida 33952

October 23, 2003

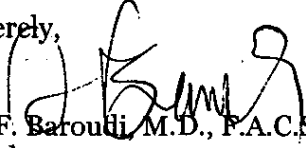
Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

RE: Document Number N14044

To whom it may concern:

Our Association is requesting that the reinstatement fee be waived . We did not receive the two prior uniform business reports (UBR). Our address has been changed since July 2002. Please correct our address to : 3222 Tamiami Trail, Port Charlotte, Florida 33952.

Sincerely,


Issa F. Baroudi, M.D., F.A.C.S.
President

TO:

FLORIDA CHAPTER, ARAB AMERICAN MEDICAL ASSOCIATI
ON, INCORPORATED
DR. BAROUDI
2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132