

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 28 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004439**

1. Corporation Name

**IRANIAN PROFESSIONALS ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE  
SUITE 404  
MIAMI FL 33134  
US

299 ALHAMBRA CIRCLE P.O. Box 52-3313  
SUITE 404  
MIAMI FL 33134  
US

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

**REINSTATEMENT** 03



10/28/03-01004-005 \*\*236.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0806047

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
PD	BELADI, DR. SE GHASEM ZOIFAGHARI	4022 S CYPRESS DR MIAMI, FL 33186	10910 S.W. 140 AV POMPANO BEACH FL 33064
VPD	SALEHI, HAMID AHMAD TAVAKOLI	299 ALHAMBRA CIRCLE MIAMI, FL 33176	8723 S.W. 129 ST MIAMI FL 33134
TD	DEHBOTORG, RETA REZA DEHBOTORG	299 ALHAMBRA CIRCLE MIAMI, FL 33152-3313	P.O. Box 52-3313 MIAMI FL 33134
VP	MALEK, ALI REZA DJAHANSHAH	299 ALHAMBRA CIRCLE MIAMI, FL 33134	1207 GENERAL POINTE, PALM BEACH, FL 33418
STD	JAVID, SAFIEH LADAN MARDPOUR	299 ALHAMBRA CIRCLE MIAMI, FL 33134	19321 NW 10 ST DEMBROKE PINES FL 33029

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAVID, SAFIEH  
299 ALHAMBRA CIRCLE  
SUITE 404  
MIAMI FL 33134

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 Javid, Safieh*  
REGISTERED AGENT MUST SIGN

Date

10/20/03

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 Reza Dehbotorg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 305-962-1180

CR2040 (7/03)