

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000069444

1. Corporation Name

Urology Central pa

2. Principal Office Address - No P.O. Box #

10000 W Hwy 50

Suite, Apt. #, etc.

285

City & State

OCee FL

Zip

34761

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

700113041217
12/11/07--01038--003 **1200.00
REINSTATEMENT
CR2E081 (1/07) 04-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/21/2000

5. FEI Number

59-3621372

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

Nabil Hilwa MD

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

10000 W Hwy 50

Suite, Apt. #, Etc.

285

City

OCee

State

FL

Zip Code

34761

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/10/07

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
presid	NABIL Hilwa	10000 W Hwy 50 #285	OCee, FL 34761
Vice presid	Jacqueline Swilliam	10000 W Hwy 50 #285	OCee, FL 34761
Treas	Ghade Hilwa	10000 W Hwy 50 #285	OCee, FL 34761

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 contained in Chapter 119, 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:

NABIL Hilwa M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/07

Daytime Phone #