

450.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 28 AM 11:16

DOCUMENT # P00000082013

1. Corporation Name  
Cedars Heart Institute, Inc

2. Principal Office Address - No P.O. Box #  
16332 Burniston Dr.

3. Mailing Office Address  
P.O. BOX 48793

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
TAMPA.

City & State  
Tampa, FL

City & State  
Tampa, FL 33646

Zip Country  
33646 Hillsborough

Zip Country

900117604379  
02/08/08--01020--010 \*\*450.00  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 8/25/2000

5. FEI Number 59-3678332 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Hala Hamzah

Street (P.O. Box Number is Not Acceptable)  
16332 Burniston Dr.

Suite, Apt. #, Etc.

City Tampa

State Zip Code  
FL 33646

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

REGISTERED AGENT MUST SIGN

Date 12-27-07

**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
CEO	Hala Hamzah	16332 Burniston Dr.	Tampa, FL 33646

REINSTATEMENT 06-08

B 1/29/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-07 (813)239-0905

Date Daytime Phone #