


Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 FEB -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102240
1. Corporation Name **TONY Abbassi, P.A.**

300117626603
02/08/08--01035--021 **600.00


REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box # 1321 NW 14th street Suite, Apt. #, etc. 603 City & State MIAMI FL Zip 33125-1659 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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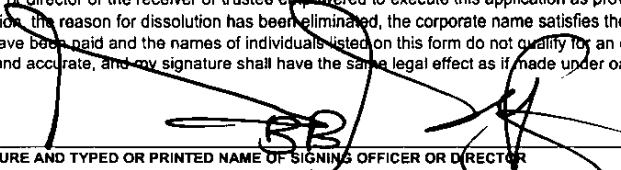
4. Date Incorporated or Qualified To Do Business in Florida 10/31/2000	
5. FEI Number 651057791	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name TONY Abbassi			
Street Address (P.O. Box Number is Not Acceptable) 1321 NW 14th street			
Suite, Apt. #, Etc. 603			
City MIAMI	State FL	Zip Code 33125	

☒ 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 	Date 1/14/08

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
Pres	TONY Abbassi	1321 NW 14th st SK 603	MIAMI FL 33125-1659

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 1/14/08	Date 305-325-9433

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