


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 18 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000041060

1. Corporation Name
Manuel Babgian MD

2. Principal Office Address <u>550 SW 3rd St</u>		3. Mailing Office Address <u>PO Box 667111</u>	
Suite, Apt. #, etc. <u>Suite 206</u>		Suite, Apt. #, etc.	
City & State <u>Pompano Bch FL</u>		City & State <u>Pompano Bch FL</u>	
Zip <u>33060</u>	Country <u>usa</u>	Zip <u>33066</u>	Country <u>usa</u>

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida 4/24/2001

5. FEI Number 593711751

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Armigh Ohanian

Street Address (P.O. Box Number is Not Acceptable)
7610 Marblehead Lane

Suite, Apt. #, Etc.

City Parkland State FL Zip Code 33067

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] Date 10-12-06

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Manuel Babgian</u>	<u>7610 Marblehead Ln</u>	<u>Parkland FL 33067</u>

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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: x n. Babgian Manuel Babgian MD 10/12/06 954 993 2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/24/06