### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P01000082922 DOCUMENT #

1. Corporation Name

## FAMILY PRACTICE OF CENTRAL FLOIRDA, P.A.

Principal Place of Business

Mailing Address

1403 MEDICAL PLAZA. STE 107 SANFORD EL 32771

1403 MEDICAL PLAZA. STE 107

SANFORD FL 32771

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above a	addresses are incorrect in any way, line thro	ough incorrect inf	ormation a	nd enter correction below.	ULIMA	A LA C. C. SAN			
	incipal Office Address, If Applicable	3. New Mailin	g Office Ad	Idress, If Applicable		orated or Qualified			
310	777 707 - 0 - 1			MONT COURT	To Do Busir	ness in Florida	08/21/20	001	
#100		Suite, Apt. #, etc.			e een vari			Applied For	
		City & State	City & State			59-3745750 Not Applical			
	BRE MARY, FL		KE !	MARY,FL	6.		\$8.75 Add	itional Fee required	
Zip 32746 SEMINOLE Zip 32			46	SEMINOLE	CERTIFICATE OF STATUS DESIRED  for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and/o	or Director (Flori	da nonprof	it corporations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		4	City / State / Zip	p	
D	AHMAR, AYESHA M.D.		3155 HASSI POINT			LONGWOOD FL 32779			
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					\				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
				Name			-		
AHMAR, AYESHA				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
55 POINT HASSI POINT									
LONGWOOD FL 32779				Suite, Apt. #, Etc.					
				City		· · · · · · · · · · · · · · · · · · ·	State Zip (	Code	
10. 1, being	appointed the registered agent of the above	ve named corpor	ation, am f	amiliar with and accept the ol	bligations of Secti	ion 607.0505, F.S. or 6	<del></del>		
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		_							
Signature o	Agent Significan	ruaya Tuaya	1997	& DIRED		Date 10/2	9/03		

11.1 certify that I am an officer or divergor 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,

REGISTERED AGENT MUST SIGN

10/20/03 407\_330\_4099



203 Lookout Place, Suite A Maitland, Florida 32751

Telephone: (407) 539-1330

Fax: (407) 539-1679

October 20, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Taxpayer:

Family Practice of Central Florida, P.A.

Document #:

P01000082922

FEIN:

59-3745750

#### Dear Madam or Sir:

We are writing on behalf of the above named taxpayer requesting a refund of the \$600 penalty accessed for late filing of the 2003 Uniform Business Report. The taxpayer never received the original report. They acknowledge the Report was filed after the original May 1, 2003 due date, but respectfully request you accept the enclosed check for \$150 and abate the \$600 penalty due to non-receipt.

The taxpayer moved their business location in 2002 and did not receive the original UBR, or any other notices. I know the only provision the Division of Corporations has for waiver of the \$600 late fee is due to non-receipt of the original UBR. That is definitely the instance here. Had the taxpayer received the original UBR, they would have immediately given it to their accountant, who would have had them return it to you right away; certainly in plenty of time for the May 1, 2003 deadline. As you can see, the second UBR that they did receive still had the old address on it, corroborating that the original UBR really did not get to the taxpayer.

The taxpayer greatly appreciates your consideration in this matter. Thank for your assistance. Please call me at 407-539-1330 if you would like further assistance.

Sincerely,

Kathie De Filippo

KD/ahs

Enclosure

cc: Dr. Ayesha Ahmar