

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000013153**

1. Corporation Name

DR. ANWER KASHIF M.D., P.A.

2. Principal Office Address

6024 NW 75th CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Parkland, FL

City & State

SAME

Zip

33067

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/02

5. FEI Number

43-1963174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Kashif, Anwer

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

6024 NW 75th CT

Suite, Apt. #, Etc.

City

Parkland, FL

State

FL

Zip Code

33067

200025776472
12/26/03--01081--024 **150.00

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

12/23/03

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
D	Kashif, Anwer	6024 NW 75th CT	Parkland, FL 33067

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-993-1116
12/23/03

CR2E081 (10/02)



F. KENNETH TOMEK

Certified Public Accountant

10100 West Sample Road • Suite 318
Coral Springs, Florida 33065

Tel: (954) 340-8880 • Fax: (954) 341-6161
Email: FKTCPA@aol.com

December 11, 2003

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

Re: Corporation Reinstatement of Dr. Anwer Kashif M.D., P.A.

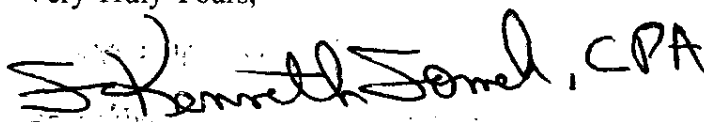
Dear Administrators:

Enclosed herewith is a check for \$150.00 payable to Department of State along with a corporate reinstatement application for the above referenced corporation for the annual filing fees.

We hereby request that you reinstate the above referenced corporation due to the fact the Annual UBR report was never received at the address as so noted at the original filing of the corporate articles. My client's address has never changed, however upon reviewing the status on line we find that the corporation has been administratively dissolved. At this point we are quite perplexed.

Thank you very much concerning this matter and if we can be of any further assistance please do not hesitate to contact this office.

Very Truly Yours,


F. Kenneth Tomek, CPA