

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT 21 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013153

1. Corporation Name

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

2. Principal Office Address - No P.O. Box #

7181 NW 71ST TERRACE

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip
33067

Country
USA

3. Mailing Office Address

7181 NW 71ST TERRACE

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip
33067

Country
USA

7. Name and Address of Current Registered Agent

Name
DR ANWER KASHIF, MD, PA

Street Address (P.O. Box Number is Not Acceptable)
7181 NW 71ST TERRACE

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

REGISTERED AGENT MUST SIGN

Date

10/20/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANWER KASHIF	7181 NW 71ST TERRACE	PARKLAND, FL 33067

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10/21/08-01025-011 **500.00

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

DR. ANWER KASHIF

10/20/2008

Date

Daytime Phone #

954) 345-1112