

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -3 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P02000043843
Sphinx HealthCare, Inc.

2. Principal Office Address

560 Rinehart Rd.

Suite, Apt. #, etc.

Suite 110

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

3. Mailing Office Address

560 Rinehart Rd.

Suite, Apt. #, etc.

Suite 110

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04-23-2002

5. FEI Number

04-3649866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ragaa R. Ibrahim, M.D.

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

425 Sundance Drive North

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

500028152285
02/03/04--01053--013 **75.00

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

R. Ibrahim

Date *01-27-2004*

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
P	<i>Ragaa R. Ibrahim</i>	<i>425 Sundance Dr. N.</i>	<i>Lake Mary, FL 32746</i>

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:

R. Ibrahim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ragaa R. Ibrahim, M.D.

Date *01-27-04*

407-335-4145

CR2E081 (10/02)

SPHINX HEALTHCARE, INC.

Ragaa Ibrahim, M.D.
Board Certified Internal Medicine
560 Rinehart Road, Suite 110
Lake Mary, FL 32746.

Phone: (407) 333-4145

Fax: (407) 333-1623

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

January 27, 2004

Re.: Reinstatement of Tax ID # 04-3649866

To Whom It May Concern:

Attached please find an application for reinstatement of the above Tax ID and a check in the amount of \$ 750.00

Please be advised that Dr. Ragaa Ibrahim vacated 125 Seminole Drive, Ormond Beach, FL 32714 On June 1st, 2002 to take residence at 425 Sundance Drive North, Lake Mary, FL 32746. The office address of 1340 Tuskawilla Road, Suite 113, Winter Springs, FL 32708 remained valid until January 1st, 2004.

A change-of-address as well as a request to forward mail had been filed with the local post office.

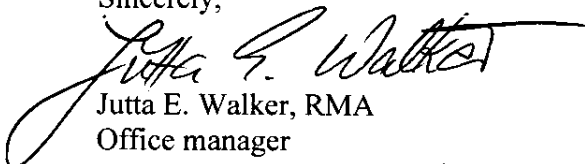
On speaking with your office clerk today I was informed that a notice and annual report form had been mailed to 125 Seminole Drive, Ormond Beach, FL 32714 in January 2003 and again in June 2003.

Dr. Ibrahim did not receive either of these mailings at his home or at his office address.

I therefore respectfully request that the reinstatement fee be waived.

Thank you for your prompt attention in this matter.

Sincerely,



Jutta E. Walker, RMA
Office manager