

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000093922**

1. Corporation Name

BASSAM SAYEGH, M.D., P.A.

Principal Place of Business

Mailing Address

170 CELESTIAL WAY
JUNO BCH FL 33408

170 CELESTIAL WAY
JUNO BCH FL 33408



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SAYEGH, BASSAM	170 CELESTIAL WAY # 7-1	JUNO BCH FL 33408

601028985706
10/21/03--01137--009 \$50.00

8. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Edward C. Akel
REGISTERED AGENT MUST SIGN

Date

OCT 17 2003

11. 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:

Bassam Sayegh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 561-743-7744
Date Daytime Phone #

CR20040 (7/03)

10-9-2003

To: Florida Department of State,
Division of Corporations

From: Bassam Sayegh, MD PA

Dear Sir:

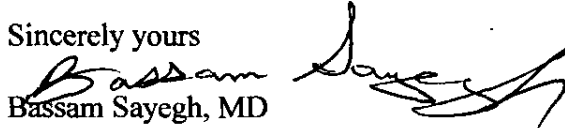
This letter is regarding waiving the reinstatement fee.

I received your notice on 10-8-2003, I have not received any prior notice regarding the annual report, therefore I request to waive the reinstatement fee.

Enclosed is the annual report fee and the application.

Please let me know if further action is required.

Sincerely yours


Bassam Sayegh, MD