


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div style="text-align: center;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b></div></div>		<b>FILED</b> <b>06 MAY -4 PM 2:32</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <u>PC3000001331</u>			
<b>1. Corporation Name</b>  <u>MOHAMMAD BASIL AMIN M.D., P.A.</u>			
<b>2. Principal Office Address</b> <u>2057 EAGLER DR.</u> Suite, Apt. #, etc. <u>401-B SUITE</u> City & State <u>PALATKA, FL</u> Zip <u>32177</u> Country <u>USA</u>		<b>3. Mailing Office Address</b> <u>PO Box 2468</u> Suite, Apt. #, etc. City & State <u>PALATKA, FL</u> Zip <u>32177</u> Country <u>USA</u>	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>1-06-2003</u>	
		<b>5. FE# Number</b> <u>NONE</u> <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</div>	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>MOHAMMAD BASIL AMIN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>497 WEST RIVER ROAD</u>			
Suite, Apt. #, Etc. <u>100074535651</u>			
City <u>PALATKA</u> State <u>FL</u> Zip Code <u>32177</u>			
<b>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.</b>			
Signature of Registered Agent <u>Mohammad Basil Amin</u> Date <u>05-01-06</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MOHAMMAD BASIL AMIN MD	497 WEST RIVER RD.	PALATKA, FL, 32177
	<u>\$75110</u>		
<b>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.</b>			
<b>SIGNATURE:</b> <u>Mohammad Basil Amin</u> <u>Mohammad Basil Amin</u> <u>05-01-06</u> <u>(386) 328-0406</u> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>			