## 2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000035244  1. Entity Name HUMA ALI, M.D., P.A.				05 NOV	FILED 1-1 PM12:25
Principal Place of Business  9910 SANDALFOOD BLVD SUITE 1  BOCA RATON, FL 33428  Mailing Address  9910 SANDALFOOD BLVD SUITE 1  BOCA RATON, FL 33428				SEGILT TALLAH,	TARY OF STATE ASSEE, FLORIDA
2. Principal Place of Business 7401 W. CYRESS HEAD 5050 NW 83 * Lane					
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	10192005 REIN-P	CR2E098 (6/04)
City & State PARKLAW	D. FLORID	A City & State COR	AL SPRing	4. FEI Number	Applied For Not Applicable
3306 7	7 Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
	. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Re	gistered Agent
	FOOD BLVD SUITE 1		Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON, FL 33428			City		FL Zip Code
		ent for the purpose of changing i	ts registered office or regist	ered agent, or both, in the State of Flor	
SIGNATURE	of registered agent.  Iture, typed or printed name of registered	agent and title if applicable. (Ni	DTE: Registered Agent signature req	ulred when reinstaling)	DATE
	OWIII FEE IS \$150.00 y 1, 2006, Fee will be \$3	00.00			ith s. 607.193(2)(b), F.S., the lot receive the prior notice.
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	
ALI, HUMA MD  SIREET ADDRESS  9910 SANDALFOOD BLVD SUITE 1  BOCA RATON, FL 33428			TITLE NAME STREET ADDRESS CITY-S1-ZIP	500061( 11/01/0501061	Change Addition 79525  006 **158.75
NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		M. III	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CHY-S1-ZIP		☐ Delete	11TLE NAME STREET ADDRESS CITY-S1-ZIP		Change Addition
IPILE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certifindicated on the corpora	his report or supplemental rep	port is true and accurate and that	for the exemption stated in it my signature shall have th ort as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I e same legal effect as if made under or 07, Florida Statutes, and that my name	ath; that I am an officer or director
SIGNATUR	RE:	NA TO NAME OF SIGNING OFFICE	ER OR DIRECTOR	10/23/05 Date	954-8=3-5686 Daylime Phone #

## **Junaid** CPA & Associates

Certified Public Accountants

5050 NW 83<sup>RD</sup> Lane Coral Springs, Fl, 33067

email: junaidcpa@yahoo.com

Ph: 954-253-2366

Fax: 954-796-4442

We keep your books balanced, always!

The Division of Corporations

Re: Reinstatement of Huma Ali MD PA

9910 Sandal foot Blvd. STE 1 Boca Raton, Fl. 33428-

Dear Sir, We Junaid CPA & Associates Corp. sent you a request for address change in January 2005 to be changed to our Care of address.

Huma Ali MD PA C/O Junaid CPA & Associates Corp. 5050 N.W 83<sup>rd</sup> Lane, Coral Springs, Fl. 33067.

My client Huma Ali through a particular dealing with her bank found out that her Corporation was not in "Active" status with your office. We are now sure that our request for the address change never made it to your office through the mail. We are here by sending check for \$150.00 to reinstate this entity and \$8.75 for the Certificate of Status Desired Fee. In my opinion it is my negligence to the extent that it should have followed up on this matter. I will appreciate your favorable consideration in this matter as per our phone conversation of October 18, 2005. Thank you.

Truly Yours

Sharon Juraid Sharon Junaid

For

Junaid CPA & Associates Corp.

October 22, 2005