


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 11 JAN -4 PM 12: 27 900189428069 01/04/11--01049--005 **750.00	
DOCUMENT # P04000159693					
1. Corporation Name Ajmal Hameed, MD, P. A.					
2. Principal Office Address - No P.O. Box # 3627 University Blvd			3. Mailing Office Address		
Suite, Apt. #, etc. #550			Suite, Apt. #, etc.		
City & State Jacksonville, Florida			City & State		
Zip 32216	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 76-0772561	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Dr. Ajmal Hameed					
Street Address (P.O. Box Number is Not Acceptable) 7725 Royal Crest Drive					
Suite, Apt. #, Etc.					
City Jacksonville		State FL	Zip Code 32256		
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 [Signature]					
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	Hameed, Ajmal	7725 Royal Crest Drive		Jacksonville, FL 32256	
REINSTATEMENT ID					
10. E-mail Address: gasdoc67@gmail.com					
<small>(To be used for future annual report notification)</small>					
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. I further certify 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]					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 12/30/2010 Daytime Phone # 9042282618					