

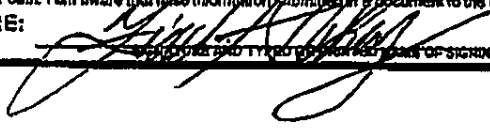
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PLEASE READ ALL INSTRUCTIONS BEFORE

15 APR -2 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR12021 (11/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12000048727 1. Corporation Name ANESTHESIA INTERNATIONAL, PA			
2. Principal Office Address - No P.O. Box # 6701 HOULTON CIRCLE State, Apt. #, etc. LAKE WORTH, FL City & State 33467 Zip		3. Mailing Office Address 6701 HOULTON CIRCLE State, Apt. #, etc. LAKE WORTH, FL City & State 33467 Zip	
4. Date incorporated or qualified To Do Business in Florida 05/24/2012		5. FEI Number 35-2318164 Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name ZIAD M. ALSOKARY Street Address (P.O. Box Number is Not Acceptable) 6701 HOULTON CIRCLE State, Apt. #, etc. LAKE WORTH City State FL Zip Code 33467			
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  Date 3-27-2015 REGISTERED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	ZIAD M. ALSOKARY	6701 HOULTON CIRCLE	LAKE WORTH, FL 33467
10. E-mail Address: MM@TRIPPSOOTT.COM (To be used for future annual report notification)			
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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
SIGNATURE:  SECRETARY OF STATE			

REINSTATEMENT

2014

2015

3-27-2015 (915) 806-6610

APR 2 2015

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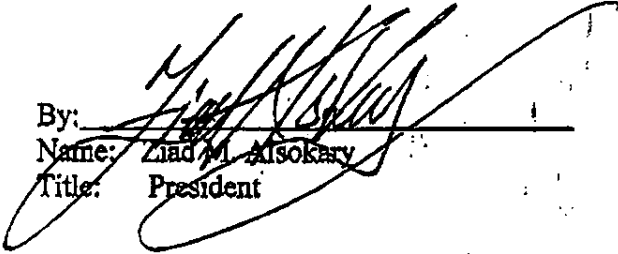
M. WILLIAMS

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CONSENT TO USE OF NAME

I, Ziad M. Alsokary, as President of AI II, PA, formerly known as Anesthesia International, PA, consent to allow the name ANESTHESIA INTERNATIONAL to be used by ANESTHESIA INTERNATIONAL, PA., for use as a domestic corporation in Florida.

Dated: March 27th 2015

By: 

Name: Ziad M. Alsokary

Title: President

In the presence of:

Printed Name:

Printed Name:

4/1/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FILED REINSTATEMENT OF
ANESTHESIA INTERNATIONAL, PA**

To:

Division of Corporations
Fax Number : (850)617-6384

999846.0001

Alsokary / Corporate Structure

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

TLB

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mmm@trippscott.com

**CORPORATION REINSTATEMENT
ANESTHESIA INTERNATIONAL, PA**

Certificate of Status	0
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