PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR . REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P92000001225

1. Corporation Name

MUQEET SIDDIQUI MD, P.A.

FILED

97 JAN -3 AM 11: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address



SUITE 3 SUITE			RE	REINSTATEMENT)	
		New Mailing Office Address, If		Date Incorporated or Qualified To Do Business in Florida 11/02/1992	
Suite, Apt. # etc. Suite, Apt. #,		Suite, Apt. #, etc.	5.	5. FEI Number Applied For	
		City & State	6.		ot Applicable
Zip	Country	Zip Countr	v I .	CERTIFICATE OF STATUS DESIRED S8.75 Additions for a Certification	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)					
Title(s) Name of Officers and/or Directors 2		Of	eet Address of Each ficer and/or Director se Post Office Box Numb	City / State / Zip	
D	SIDDIQUI, MUQUEET		6 RD., SUITE, 300 ORLANDO FL 32808		
1	osland		fotomet 1 70, FZ. 3286	%#3 3 , 10002051951 -01/09/9701019(****375.00 *****3	7 023 75.00
	8. Name and Address of Current	Registered Agent	9. Name	Name and Address of New Registered Agent	7
SIDDIDUI, MUDGET 1933 PINE HILLS #300 ORLANDO FL 32808 O'Slands, FC 32808,			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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. Signature of Registered Agent Date 12/30/86 HEGISTERE FIGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Souther Side for Information on Intangible tax.)					
12. 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 logal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					