

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -8 PM 3:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (8/05)

DOCUMENT # P93000069266

1. Corporation Name

FAHED FAYAD, M.D., P.A.

2. Principal Office Address

5601 Collins Ave.

Suite, Apt. #, etc.

Suite 612

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

5601 Collins Ave.

Suite, Apt. #, etc.

Suite 612

City & State

Miami Beach, FL

Zip

33140

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/30/93

5. FEI Number

75-0452266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fahed Fayad

Street Address (P.O. Box Number is Not Acceptable)

5601 Collins Ave.

Suite, Apt. #, Etc.

Suite 612

City

Miami Beach

State

FL

Zip Code

33140

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

12/28/05

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
PSTD	Fahed Fayad	5601 Collins Ave., Suite 612	Miami Beach, FL 33140

100062018251
12/08/05--01047--006 **1500.00

\$1500.00

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 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 legal effect as if made under oath.

SIGNATURE:

Fahed Fayad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-05 3052919266

12/28/05