

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001031

1. Corporation Name

Samir S. Najjar, M.D., P.A.

700145418447
03/10/09--01028--022 **2100.00

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #
1200 South Pine Island Road

3. Mailing Office Address
4475 River Green Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#100

City & State
Plantation, FL

City & State
Duluth, GA

Zip
33324

Country
USA

Zip
30096

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12-27-1993

5. FEI Number
59-3213518

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
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
South Pine Island Drive

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marie Edwards

Marie Edwards Asst. Secretary

Date 3/3/09

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/S/T	Lee Najjar	4475 River Green Parkway #100	Duluth, GA 30096

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 contained in Chapter 119, 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:

Lee Najjar

03-02-2009

(404)483-9094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #