	PLEASE READ /	ALL INSTRUCTIONS	BEFORE C	OMPLETI			<u></u>	
APPLICA	2 PL M/Y 77 - 77 - 77 - 77 - 77 - 77 - 77 - 77		OA DEPARTMENT OF STATE Sandra B. Mortham		AND FILED			
FOR REINSTATE		Secretary of S	Secretary of State		1997 FEB 1.7 AM 10: 37			
DIVISION OF CORPORATIONS								
DOCUMENT # P9400003948 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CHANDRA	KANT SHAH, MD	PA						
Principal Place of Business Mailing Address				-				
10300 SW Miami, FL	133rd Court , 33186		0 SW 133rd Court i, FL 33186					
		ough incorrect information and enter		A Date I	DO NOT WRITE IN TH	IIS SPACE		
	ayne Blvd,		Biscayne Blvd.		4. Date Incorporated or Qualified To Do Business in Florida January 7, 1994			
Suite Apt. #. etc Suite #30	9	Suite, Apr. #, etc. Suite #309		5. FEI Number		Applied F	-or	
City & State Miami, FL		City & State Miami, FL	ity & State Miami, FL		73059	Not Appli	icable	
^{Zig} 33132	Country U.S.A.	Z ₁ ρ Countr 33132 II.	•	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee ro for a Certificate of St		
		or Director (Florida nonprofit corpor	ations must list at lea					
Title(s)	tie(s) Name of Officers and/or Directors 2 3 (Do			reet Address of Each fficer and/or Director See Post Office Box Numbers) 4				
Pres. Cha	ndrakant Shah	10300 S	SW 133rd Court Miami, FL 33186					
				8	***1080.	701050001		
			REI	NSTA	TEMENT	10/18/197		
8. Name and Address of Current Registered Agent				9. Name and A	ddress of New Registe	red Agent		
Chandrakant Shah Street Address							200	
10300 SW Miami, FL	Name Street Address (P.O. Box Number is Not Acceptable) 1444 Biscayne Böulevard Suite. Apt. #, Etc. Suite #309							
			Cny Miami			State Zip Code 33132		
10. I being appointed	the registered agent of the abou	ve named corporation, am familiar w	ith and accept the o	bligations of Section	on 607.0505, F.S.			
Signature of Registered Agent .	Chendreland	GISTERED AGENT MUST SIGN		·····	Date 2 (13)	92		
11. Does this Dept. of F	corporation pay a Revenue under S.	ny intangible tax to th 199.032, Florida Stat	ne utes. Yes	X No [er side for information intangible tax.)		
lease the Division occurry that I am and this remistatement fees owed by the under oath.	of Corporations from any liabilit i officer or director or the receiv application the reason for dissi	ith this filing is voluntarily furnished y of non-compliance with Section 11 ver or trustee empowered to execut olution has been eliminated, the co- ne information indicated on this app	9.07(3)(k) in the eve e this application as rporate name satisfic	ent that the informa provided for in ches the requirement accurate, and my	ation supplied is deemed lapter 607 or 617, F.S. I ts of section 607.0401 c signature shall have the	exempt from public acc further certify that when or 617.0401, F.S., and the	cess. I n filing hat all	
SIGNATURE:	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	<u> </u>	112151 Date	Daytime Phone #		