

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 DEC 28 AM 9:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P94000043826

1. Corporation Name

MIDTOWN CLINIC, P.A.

200163977862  
12/28/09--01034--019 \*\*508.75

2. Principal Office Address - No P.O. Box #

5821 Gall Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

5821 Gall Boulevard

Suite, Apt. #, etc.

City & State

Zephyrhills, Florida

Zip

33542

Country

U.S.

City & State

Zephyrhills, Florida

Zip

33542

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/1994

5. FEI Number

593248186

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

Abdul Ghani

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

5821 Gall Boulevard

Suite, Apt. #, Etc

City

Zephyrhills

State

FL

Zip Code

33542

☒ 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

REGISTERED AGENT MUST SIGN

Date **December 23, 2009**

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 D	Abdul Ghani	5821 Gall Boulevard	Zephyrhills, FL 33542

**REINSTATEMENT**

**RE**

10. E-mail Address: midtownclinicpa @ yahoo.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., 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.

SIGNATURE:

Abdul Ghani

12/23/09

813-788-5524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #