

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 13 PM 5:53

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050158

1. Corporation Name

SARAH HEALTH WAYS INC.

2. Principal Office Address

153 Town & Country Dr

Suite, Apt. #, etc.

153

City & State

PALATKA FL

Zip

32177

Country

USA

3. Mailing Office Address

153 Town & Country Dr

Suite, Apt. #, etc.

153

City & State

PALATKA FL

Zip

32177

Country

USA

**REINSTATEMENT 2005**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0502948

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

IMTIAZ HR. BHATTI (IMTIAZ HR. BHATTI)

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

149 Confederate Point Road

Suite, Apt. #, Etc.

32177  
10/10/05--01068--006 \*\*750 00

City

Palatka

State

FL

Zip Code

32177

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/6/05

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
<u>P</u>	<u>IMTIAZ HR. BHATTI</u>	<u>149 CONFEDERATE</u>	<u>PALATKA FL 32177</u>
<u>V</u>	<u>SHAMIM I. BHATTI</u>	<u>POINT ROAD, PALATKA</u>	<u>du</u>
<u>T</u>	<u>SARAH I. BHATTI</u>	<u>du</u>	<u>du</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/6/05 382.328.6221

Date

Daytime Phone #