

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071209

1 Corporation Name NORA GINDI-REED O.D., P.A.

Principal Place of Business Mailing Address
2235 Nursery Road 2235 Nursery Road
Clearwater, FL 34624 Clearwater, FL 34624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 09/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2650349	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Nora Gindi-Reed, O.D.	2235 Nursery Road	Clearwater, FL 34624
			000003060720--4
			12/03/99--01098--024
			***1358.75 ***1358.75
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Nora Gindi-Reed, O.D. 2235 Nursery Road Clearwater, FL 34624	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 10-11-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-11-99 Daytime Phone #

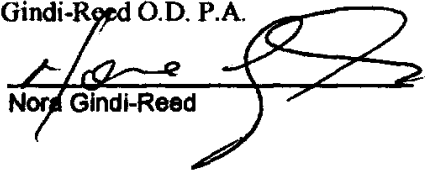
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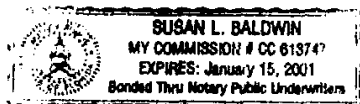
I Nora Gindi-Reed Hereby attest and affirm under the penalty of perjury the following:

I am an officer and principal shareholder in Nora Gindi-Reed O.D. P.A.

Nora Gindi-Reed O.D.P.A. will not reinstate this business entity within a 120 days of its dissolution and hereby release the name Nora Gindi-Reed O.D. P.A.


Nora Gindi-Reed

Subscribed and sworn to before me by Nora Gindi-Reed, on this 16th day of November, 1999, all of whom personally appeared before me.
NORA GINDI-REED is personally known to me or has produced
FL. DRIV LICENSE as identification.




Notary Public

Print Name: _____

My commission expires: _____