

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUL 21 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030479

**i. Corporation Name**

BAIJAT F. GHANEM M.D.P.A.  
7611 SW 78 COURT  
MIAMI FL 33143

**2. Principal Office Address**

7611 SW 78 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33143

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 01-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0579246

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

GHANEM, BAIJAT F.

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

7611 SW 78 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

**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

7-15-03

**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	GHANEM, BAIJAT F.	7611 SW 78 CT	MIAMI FL 33143

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-03

Daytime Phone #

304

223-3187

7/7/12