

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 960000 69100

1. Corporation Name

Internal Medicine Clinic, P.A.

500008149675--9
-10/02/02--01015--030
*****900.00 *****900.00

REINSTATEMENT 01-02

2. Principal Office Address

8355 Northcliffe Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

8355 Northcliffe Blvd.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

Zip 34606

Country

USA

Zip

34606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-20-96

5. FEI Number

59-3402834

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

Ayman Osman

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

8355 Northcliffe Blvd

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

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

Ayman Osman

Date

9-23-02

REGISTERED AGENT MUST SIGN

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
Pres.	Ayman Osman	8355 Northcliffe Blvd	Spring Hill, FL 34606

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:

Ayman Osman
Ayman Osman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-02

Date

352 684 2929

Daytime Phone #

CR2E081 (9/01)

7/5/2012