

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 11 PM 1:23

DOCUMENT # P96000086094

1. Corporation Name

SHAKIR DHANJI, P.A.

REINSTATEMENT 08-12

2. Principal Office Address - No P.O. Box # 5810 CORAL RIDGE DRIVE		3. Mailing Office Address 5810 CORAL RIDGE DRIVE	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33076	Country USA	Zip 33076	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/17/1996

5. FEI Number  
650702570

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  
SHAKIR DHANJI

Street Address (P.O. Box Number is Not Acceptable)  
5810 CORAL RIDGE DRIVE

Suite, Apt. #, Etc.  
SUITE 100

City  
CORAL SPRINGS

State  
FL

Zip Code  
33076

300239479373  
09/11/12--01018--004 \*\*1350.00

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

Date 9/7/12

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
PSTD	SHAKIR DHANJI	5810 CORAL RIDGE DR #100	CORAL SPRINGS, FL 33076

10. E-mail Address: SHAKIRDHANJI@MSN.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SHAKIR DHANJI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/12

Date

954-816-0234

Daytime Phone #

SEP 11 2012  
D. BUTLER