PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -4 PM 12:28

DOCUMENT # P97000073006

1. Corporation Name
American Physicians Foundation Corporation

200189429692
01/04/11--01049--013 **750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Shircliff Way	
Suite, Apt #, etc.	Suite, Apt #, etc
Suite 435	
City & State	City & State
Jacksonville, Florida	
Zip / Country	Zip / Country
32201 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 8/22/97

5. FEI Number 65-0779744 ☐ 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: Abdi Abbassi

Street Address (P.O. Box Number is Not Acceptable): 1105 Ponte Vedra Blvd

Suite, Apt. #, Etc:

City: Ponte Vedra Beach | State: FL | Zip Code: 32082

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: A. Abbassi — REGISTERED AGENT MUST SIGN — Date 12/28/2010

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, D	Abdi Abbassi	2 Shircliff Way, #435	Jacksonville, FL 32204

REINSTATEMENT 10

B. 1/6/11

10. E-mail Address: abdiabbassi@gmail.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., 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.

SIGNATURE: A. Abbassi — 12/28/2010 — 904 388-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #