

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

06 MAY -5 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100075196961  
05/24/06--01007--030 \*\*458.75

DOCUMENT # P97000078803

1. Corporation Name

SHAHLA MEDICAL ASSOCIATES, P.A.

2. Principal Office Address

1141 BEACH BOULEVARD

3. Mailing Office Address

1141 BEACH BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip  
32250

Country  
US

Zip  
32250

Country  
US

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1997

5. FEI Number

593467541

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

SHAHLA, SEAN

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

1141 BEACH BOULEVARD

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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 04/28/2006

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
D	SHAHLA, AMER	1141 BEACH BOULEVARD	JACKSONVILLE BEACH FL 32250
D	SHAHLA, SEAN	1141 BEACH BOULEVARD	JACKSONVILLE BEACH FL 32250

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN SHAHLA

04/28/2006

Date

904-249-3820

Daytime Phone #

292

SHAHLA MEDICAL ASSOCIATES, P.A.  
1141 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250  
(904) 249-3820

April 28, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Dear Sir or Madam:

In reference to document number P97000078803 that was dissolved on 10/01/2004, we were unaware that the corporation had been dissolved. We did not receive our packet for the annual corporate report filing in 2004, 2005 and 2006.

We just discovered this omission and want to rectify it immediately. We request that the reinstatement fee be waived due to our failure to receive the annual notices.

Thank you very much.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sean Shahla".

Sean Shahla,  
Director