

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 OCT 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

10/16/07 CR2E081 (1/07) 01259 008 3020

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000104845

1. Corporation Name
Mohammad T. JAVED, M.D., P.A.

2. Principal Office Address - No P.O. Box #
6447 LAKE WORTH RD
Suite, Apt. #, etc.

3. Mailing Office Address
6447 LAKE WORTH RD
Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip Country
33463 PALM BEACH

Zip Country
33463 PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida
1/11/97

5. FEI Number
65-0802280

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mohammad T. JAVED

Street Address (P.O. Box Number is Not Acceptable)
6447 LAKE WORTH RD.

Suite, Apt. #, Etc.

City State Zip Code
LAKE WORTH FL 33463

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____

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
P	Mohammad T. JAVED	6447 LAKE WORTH RD	LAKE WORTH, FL 33463

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: Mohammad T. JAVED Date 10/10/07 Daytime Phone # 561-433-2344

10/18/07