

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPROVED  
AND  
FILED

05 MAR 21 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000014365

1. Corporation Name  
Samir A. Mina, P.A. P98000014365

2. Principal Office Address  
608 Boca Marina Court

3. Mailing Office Address  
608 Marina Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip Country  
33487 USA

Zip Country  
33487 USA

**REINSTATEMENT** 01-05

*MRD*

4. Date Incorporated or Qualified  
To Do Business in Florida 09/21/2001

5. FEI Number 65-0818998  
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  
Greenberg & Strelitz, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
4800 N. Federal Highway

700048937167  
04/05/05--01091--002 \*\*135L 00

Suite, Apt. #, Etc.  
Suite 304-D

City  
Boca Raton

State Zip Code  
FL 33431

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 *Samir Mina* President  
REGISTERED AGENT MUST SIGN

Date February 24, 2005

**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	Mina, Samir	608 Boca Marina Court	Boca Raton, FL 33487

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.

X  
SIGNATURE: *Samir Mina* Samir Mina

2/24/05

(561) 272-7635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)