

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000073969

1. Corporation Name

HAMID NAWAZ MD, P.A.

Principal Place of Business

Mailing Address

2500 N. UNIVERSITY DR., #3
SUNRISE FL 33322

2500 N. UNIVERSITY DR., #3
SUNRISE FL 33322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

65-0858887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NAWAZ, HAMID	4329 REFLECTIONS BLVD., APT. 104	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAWAZ, HAMID
2500 N. UNIVERSITY DR., #3
SUNRISE FL 33322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

100023961081
10/21/03--01022--004 **150.00
REINSTATEMENT 03 TS
100023961081
10/21/03--01022--005 **8.75

HAMID NAWAZ

10/14/03 954-741-

3200

CR2E040 (7/03)

HAMID NAWAZ, M.D., F.A.C.C.

*Fellow, American College of Cardiology
Diplomate American Board of Internal Medicine
Diplomate, American Board of Cardiology*

2500 NORTH UNIVERSITY DRIVE, SUITE 3 * SUNRISE, FLORIDA 33322
TELEPHONE: (954) 741-3200
FAX: (954) 784-6804

October 8, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Ms. Glenda E. Hood

Re: Timely Filing of 2003 Annual Report/UBR Document Number P98000073969

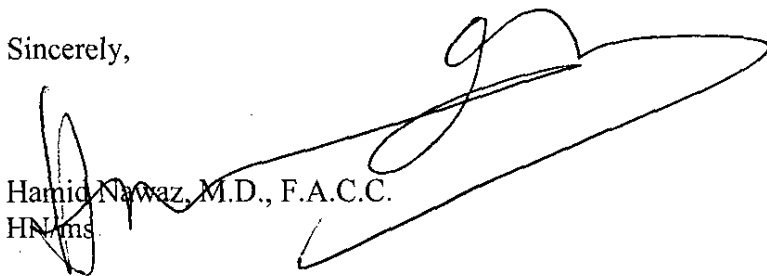
Dear Ms. Hood:

With reference to the above-mentioned matter, I would advise that I have just received today (10/08/03) your notice advising that my Corporation "is administratively dissolved or revoked effective September 19, 2003." Unfortunately, neither of the two prior UBR notices was received by me and I would ask that you be good enough to have the Corporation reinstated without penalty. Please find enclosed :

1. Form duly signed by me.
2. Check No. 3534 in the amount of \$150.00 for filing the report without penalty.

With thanks for your kind attention to this matter.

Sincerely,



Hamid Nawaz, M.D., F.A.C.C.
HN/ms