

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

09 FEB -2 PM 1:23

DOCUMENT #

1. Corporation Name

M. AWAD M.D PA

2. Principal Office Address - No P.O. Box #

M. AWAD

3. Mailing Office Address

M. AWAD

Suite, Apt. #, etc.

10245 S.W 23rd CT

Suite, Apt. #, etc.

10245 S.W 23rd CT

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33324

Country

Zip

33324

Country

900135851548
09/15/08--01046--011 **1500.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1992

5. FEI Number

650870799

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

MEDHAT AWAD

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

10245 S.W 23rd CT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33324

☐ 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

M. Awad

Date 1/30/2009

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
President	MEDHAT AWAD	10245 S.W 23rd CT	DAVIE FL 33324

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:

M. Awad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2009

Date

954-473-0785

Daytime Phone #