

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000090743**

1. Corporation Name

**KAM HABIBI, D.C., P.A.**

Principal Place of Business

Mailing Address

1509 SOUTHEAST 2ND STREET  
UNIT F  
FORT LAUDERDALE FL 33301

1509 SOUTHEAST 2ND STREET  
UNIT F  
FORT LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable  
**6765 SUNSET STRIP**  
Suite, Apt. #, etc. **#1**

3. New Mailing Office Address, If Applicable  
**6765 SUNSET STRIP**  
Suite, Apt. #, etc. **#1**

City & State **SUNRISE, FL**

City & State **SUNRISE, FL**

Zip **33313** Country **USA**

Zip **33313** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

**10/26/1998**

5. FEI Number

**65-0875255**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HABIBI, KAM	1509 SOUTHEAST 2ND STREET, #F	FORT LAUDERDALE FL 33301

**500003031245--3**  
**-11701799--01120--015**  
**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name **KAM HABIBI DCPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**6765 SUNSET STRIP,**  
Suite, Apt. #, Etc. **#1**  
City **SUNRISE** State **FL** Zip Code **33313**

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.

Signature of Registered Agent

**Kam Habib D.C.**  
REGISTERED AGENT MUST SIGN

Date **10-13-99**

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:

**Kam Habib D.C.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-13-99** **(954) 742-0771**

CP-25140 (8/99)

KE