

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 15 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000106014

1. Corporation Name
MOHAMMED H. BAWANY, MD, P.A.

2. Principal Office Address
716 S. Goldenrod Rd.

Suite, Apt. #, etc.

City & State
Orlando FL

Zip Country
32822 USA

3. Mailing Office Address
P.O. Box 4614

Suite, Apt. #, etc.

City & State
Winter Park, FL

Zip Country
32793 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 12/21/98

5. FEI Number
59-3545677

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
MOHAMMED H. BAWANY

Street Address (P.O. Box Number is Not Acceptable)
6529 Lake Pembroke Place

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32829

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 04/09/2004

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
Pres.	Mohammed H. Bawany	6529 Lake Pembroke Place	Orlando, FL 32829

000032650710
04/14/04--01014--003 **308.75

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/2004

CR2E081 (01/04)