

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 PM 1:57

DOCUMENT # P99000007667

1. Corporation Name

VOLUSIA FAMILY CARE, P.A.

Principal Place of Business

Mailing Address

661 S. NOVA ROAD
ORMOND BEACH FL 32174

661 S. NOVA ROAD
ORMOND BEACH FL 32174



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

01/26/1999

5. FEI Number

59-3547579

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MITRY, ATEF F wrong name	661 S. NOVA ROAD	ORMOND BEACH FL 32174
PD	George Solomon	661 S. NOVA ROAD	Ormond Beach, FL 32174
			600003514776--2 12/27/00-01076-013 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

SOLOMON, GEORGE M.D.
661 S. NOVA ROAD
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00

October 18, 2000

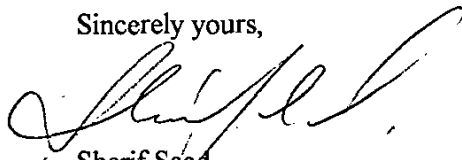
To Whom It May Concern:

We have filed this form on a timely manner on or about March 14, 2000. Since, then we have not received an other notice's about this matter, and took it for granted that this matter was taken care off.

Please accept this reinstatement form as our original form, and wave the penalty. From this point on we will mail this form certified mail.

Thank you, for all your help.

Sincerely yours,



Sherif Saad
Accountant.