## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000079871

Entity Name: ARASH JAHROMI, DPM, P.A.

FILED Nov 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4601 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** PO BOX 292616 DAVIE, FL 33329 US FEI Number: 65-0948157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ARASH JAHROMI Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete () Change () Addition Name: JAHROMI, ARASH Name: PO BOX 292616 Address: Address: City-St-Zip: **DAVIE, FL 33329** City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: JAHROMI, ARASH Address: Address: PO BOX 292616 DAVIE, FL 33329 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARASH JAHROMI DR 11/20/2008