


pg 1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 30 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000099100

1. Corporation Name  
FROM WOMAN TO ALL WOMEN, P.A.

W05-51695

2. Principal Office Address 4542 N. Federal Hwy. Suite, Apt. #, etc.		3. Mailing Office Address 4542 N. Federal Hwy. Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33308	Country USA	Zip 33308	Country USA

REINSTATEMENT 04-05  
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 11/10/1999

5. FEI Number 65-0961885 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 Elham H. Elzind, M.D.

Street Address (P.O. Box Number is Not Acceptable) 4542 N. Federal Hwy

Suite, Apt. #, Etc.

City Fort Lauderdale, FL State FL Zip Code 33308

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 E. Elzind, MD Date 11-15-05

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	Elham Elzind	4542 N. Federal Hwy	Fort Lauderdale FL 33308

500061521155  
11/17/05-01048-004 \*\*300.00

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: E. Elzind, MD Date 11-15-05 954-492-9974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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*From Woman To All Women, P.A.*

**Elham H. Elzind, M.D.**

**Obstetrics & Gynecology**

4542 N. Federal Hwy.  
Ft. Lauderdale, FL 33308

Tel (954) 492-9974  
Fax (954) 492-9444

15 November 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document # P9900099100  
FEI # 65-0961885  
From Woman to All Women, P.A.

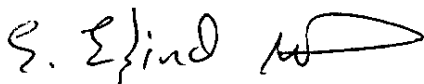
To whom it may concern:

Attached please find our completed application for corporate reinstatement and payment of \$300 for same.

Please note, as of February 2004, our corporation has relocated to its current address of 4542 N. Federal Highway in Fort Lauderdale, FL. Please update your files to reflect same. Additionally, we respectfully request that any penalties associated with our corporate reinstatement be waived, as we have not received any correspondence from your office to this address since our move.

Thank you for your prompt attention to this matter.

Sincerely,



Elham H. Elzind, M.D.  
From Woman to All Women, P.A.