

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S70074**

1. Corporation Name  
**MOHAMMAD SHAHMOHAMADY, P.A.**

**FILED**  
96 NOV 20 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% MOHAMMAD SHAHMOHAMADY, M.D.**  
3081 SW 129 AVE.  
MIAMI FL 33175



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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT**  
To Do Business in Florida  
07/24/96

5. FEI Number **05-0310343**  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHAHMOHAMADY, MOHAMMAD	3081 SW 129 AVE.	MIAMI FL.
D	SHAHMOHAMADY, TAHEREH A.	3081 SW 129 AVE.	MIAMI FL.
			300002014568--8 -11/26/96--01107--027 ****375.00 ****375.00
			<i>11/21/96</i>

8. Name and Address of Current Registered Agent

SHAHMOHAMADY, MOHAMMAD  
3081 SW 129 AVE.  
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name **RAUL PASTRAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**333 NE 8th STREET**  
Suite, Apt. #, Etc.  
City **HOMESTEAD** State **FL** Zip Code **33030**

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 **11/18/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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: **MOHAMMAD SHAHMOHAMADY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/96** 247-1100  
Daytime Phone #

CR-2500 (7/96)