

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 22 PM 2:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S70074**

1. Corporation Name
MOHAMMAD SHAHMOHAMADY, MD, PA.

Principal Place of Business	Mailing Address
151 NW 11 ST SUITE E-204 HOMESTEAD FL 33030 US	177 PALOMA DRIVE 3081 SW 129 AVE. CORAL GABLES FL 33143 US

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		4. Date Incorporated or Qualified To Do Business in Florida 07/29/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 05-0310343	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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	4. City / State / Zip
D	SHAHMOHAMADY, MOHAMMAD	177 PALOMA DRIVE	CORAL GABLES FL 33143
D	SHAHMOHAMADY, TAHEREH A.	177 PALOMA DRIVE	CORAL GABLES FL 33143

REINSTATEMENT 99 TS

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 11/04/99 01049 010
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PASTRAN, RAUL 333 NE 8TH STREET HOMESTEAD FL 33030		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 607.0608, F.S.
 Signature of Registered Agent: *RAUL PASTRAN* **REQUIRED** Date: _____
 REGISTERED AGENT MUST SIGN

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: *M. S. Shahmohamady* **REQUIRED** Date: _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C20200 (8/99)