

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

DOCUMENT # **S70074**

01 OCT 17 PM 12:56

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



REINSTATEMENT 01

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

65-0310343

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 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)

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
			700004658427--5 -10/30/01--01010--025 ****758.75 ****758.75
			<i>10/25</i>

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 607.0505, F.S.

Signature of Registered Agent

Signature Required
 REGISTERED AGENT MUST SIGN

Date

Oct 15, 01

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 #

10-15-01

CFR2040 (801)