

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG 10 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Gulf Coast Walk in Clinic, PA
581270

2. Principal Office Address

3228 E 15th St
Suite, Apt. #, etc.

City & State

Panama City

Zip Country
32405 USA

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

9-19-91

5. FEI Number

59-3097749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

13 8/11/06
CR2E (105) 0406

7. Name and Address of Current Registered Agent

Name
Rasoul Abdul Salman
Street Address (P.O. Box Number is Not Acceptable)
3228 E 15th St
Suite, Apt. #, Etc.
City
Panama City

State Zip Code
FL 32405

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 _____ Date _____
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
P	Abdul Rasoul Salman	3228 E 15th St	Panama City, FL 32405

300078768963
08/16/06--01024--021 **450.00

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 contained in Chapter 119, 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: Abdul Rasoul Salman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/26/06 Daytime Phone #

2 of 2

Gulf Coast Walk In Clinic, PA

3228 E 15th St • Panama City, FL 32405
(850) 785-8044

Dr. Abdul Rasoul Salman

July 20, 2006

Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

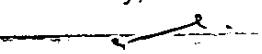
RE: Reinstatement of Corporation
Gulf Coast Walk In Clinic, PA
EIN# 59-3097749

To Whom It May Concern;

Enclosed is the application to reinstate my corporation along with a check for \$750.00. I apologize for this being late. For the last 2 years I have been dealing with the birth of a new child and my wife's ordeal with cancer. I never saw the renewal papers as I had new people helping with the clinic and they never gave them to me.

If there is any way you could elleviate some of the penalties it would be greatly appreciated as this was not intentional on my part. Thank you for your help.

Sincerely,



Dr. Salman