

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S83897**

1. Corporation Name

SAMIRA GHAZAL, P.A.

Principal Place of Business

1909 SW 27 AVE
MIAMI FL 33145
US

Mailing Address

1909 SW 27 AVE
MIAMI FL 33145
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1991

5. FEI Number

65-0286707

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GHAZAL, SAMIRA	1909 SW 27 AVE	MIAMI FL 33145

200024517792
11/07/03--01085--004 **150.00

8. Name and Address of Current Registered Agent

GHAZAL, SAMIRA
1909 SW 27 AVE
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/30/03**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03
Date

305-860-1221
Daytime Phone #

Law Offices of
Samira Ghazal, P. A.

1909 SW 27th Avenue
Miami, FL 33145

Tel. 305 - 860 - 1221
Fax. 305 - 860 - 9161

Via Telefax 1-561-989-0304

October 30, 2003

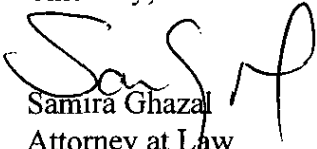
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

***Re: Samira Ghazal, PA
FEI#65 - 9286707***

Dear Sir or Madam:

Please be advised that we never received any type of notice from you advising that there was a balance due for this corporation. This corporation was opened in 1991 and this is the first time this has happened. I ask that you waive the \$750.00 reinstatement fee and accept the enclosed check of \$150.00. If you have any questions, please contact our office.

Sincerely,


Samira Ghazal
Attorney at Law

Enclosure

SG/ps