

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 31 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 480139

1. Corporation Name

Nasim Ahmed, M.D., P.A.

W96-26506

Principal Place of Business

1461 74th Circle N.E.
St. Petersburg, FL 33702

Mailing Address

2122 Cedar Circle Drive
Baltimore, MD 21228

REINSTATEMENT

aw

94-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
7/1/75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-1604843

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Nasim Ahmed, M.D.	2122 Cedar Circle Drive	Baltimore, MD 21228

800002049738--6
-01/08/97-01009-002
****775.00 ****775.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nasim Ahmed, M.D.
2122 Cedar Circle Drive
Baltimore, MD 21228

Name
Sanford H. Barber
Street Address (P.O. Box Number is Not Acceptable)
5001 Ninth Avenue North
Suite, Apt. #, Etc.

City
St. Petersburg
State
FL
Zip Code
33710

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

Nasim Ahmed
REGISTERED AGENT MUST SIGN

Date 12/12/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Nasim Ahmed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nasim Ahmed, M.D. ✓

Date

(410) 455-9276

Daytime Phone #

CR2E040 (12/95)

Audit No. H9600017774

APPROVED AND

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 20 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation
SHUR'S INTERIORS BROWARD, INC.
100 S.E. 2nd Street
17th Floor
Miami, FL 33131 US

DOCUMENT # 480338

2. If Address in block 1 is incorrect in any way, enter the correct address below:

Address _____
City and State _____ Zip Code _____

3. If Mailing Office Address is different from mailing address, enter correct below:

Address _____
City and State _____ Zip Code _____

4. Date incorporated or qualified to do business in Florida
01/01/1978

5. FID Number

59-1105 F00

6. FID Number Applied For

FID Number Not Applicable

CERTIFICATE OF STATUS DATED []

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list all listed officers/directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT list Post Office Box Number)	City/State/Zip
VP/D	DE POMPIGNAN, JACQUES	3550 N. MIAMI AVENUE	Miami, Florida 33127
P/D	DE LUCY DE FOSSARIEU, E.	3550 N. MIAMI AVENUE	Miami, Florida 33127
VP/S/D	DE AGOSTINI, PIERAS	3550 N. MIAMI AVENUE	Miami, Florida 33127

REINSTATEMENT '96

SCC 12-20-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

WARNER, JOSEPH H.
100 S.E. 2nd Street
17th Floor
Miami, Florida 33131 US

9. Name and Address of Registered Agent
DONALD E. KUBITZ, III
Local Address (Do NOT Use P.O. Box Number)
c/o Fowler, White, et al.
Street Address (Do NOT Use P.O. Box Number)
100 S.E. 2nd Street, 17th Floor
City State Zip
Miami FL 33131

10. I hereby approve the registered agent of the above named corporation for service and accept the obligations of Section 637.006, F.S.
Signature of Registered Agent: *Donald E. Kubitz*
Date: 12-13-96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for explanation on change to law)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under G. 199.032, Florida Statutes: Yes No (See other side for information on change to law)

13. I certify that I am an officer or director of the corporation or trustee empowered to provide this information as provided for in Chapter 637 or 637A, F.S. I declare under penalty of perjury that when filing this reinstatement application and return for classification tax fees are received, the corporation has satisfied the requirements of sections 607.001 or 637.0101, F.S. and that all fees owed by this corporation have been paid. The information included on this application is true and accurate, and my signature was made on the same legal document as it made under oath.

Signature of Officer or Director: *[Signature]*
Date: 12/16/96
City/State/Zip: (305) 593-5824

Audit No. H9600017774