

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

FILED
 97 NOV 10 PM 2:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **566928**

1. Corporation Name
BRUCE G. JACOBS, D.D.S., P.A.

Principal Place of Business
**1708 E HALLANDALE BEACH BLVD
 HALLANDALE FL 33009**

Mailing Address
**1708 E HALLANDALE BEACH BLVD
 HALLANDALE FL 33009**



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/01/1978	
City & State		City & State		5. FEI Number	
Zip		Country		59-1799505	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JACOBS, BRUCE G., D.D.S.	1708 E. HALLANDALE BCH	HALLANDALE FL
			300002344933--0 -11/12/97--01088--011 ****165.00 ****165.00

JD
 11-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, BRUCE G., D.D.S.
 1708 EAST HALLANDALE BEACH BOULEVARD
 HALLANDALE FL 33009

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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: *Bruce G. Jacobs DDS* REGISTERED AGENT MUST SIGN Date: *11/4/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Bruce G. Jacobs DDS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97
 Date

Daytime Phone #

CR2E040 (8/97)

(2)

Bruce Jacobs, D.D.S.

1708 East Hallandale Beach Boulevard
Hallandale, Florida 33009

(305) 456-3366

11/4/97

Florida Department of State
Sandra B. Morham
Secretary of State
Division of Corporations

Dear Sirs;

I was shocked to receive notification that I never filed my annual corporate report. During the 19 years I have been incorporated, this is the first time this has happened. Although I never received the form, I am aware that filing this report is my responsibility, regardless.

I hope you can accept my story and allow the penalty to be waived. I am enclosing a check for \$165.00. I will note the filing date on my calendar for next year, and comply promptly.

Sincerely,
Bruce Jacobs, D.D.S.