

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 2:51

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
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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 03/01/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1799505
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip	Country	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	4. City / State / Zip
PD	JACOBS, BRUCE G., D.D.S.	1708 E. HALLANDALE BCH	HALLANDALE FL
			200003031092--2
			11/01/99--0114--006
			***750.00 ***750.00
REINSTATEMENT 99 ITS			

8. Name and Address of Current Registered Agent JACOBS, BRUCE G., D.D.S. 1708 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: Bruce G. Jacobs, DDS Date: 10/17/99
 REGISTERED AGENT MUST SIGN

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: Bruce G. Jacobs, DDS Bruce G. Jacobs, DDS 10/17/99 954-456-3366
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (8/99)