

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P02000003886

1. Entity Name
NADJA A. HORST, DMD, PA

FILED

03 NOV 14 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600024716586
11/14/03--01077--026 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9101 SUNRISE LAKES BLVD, Suite, Apt. #, etc. #218 City & State SUNRISE, FL Zip 33322		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
Country BROWARD	Country		

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3420892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: HORST, NADJA A
Street Address (P.O. Box Number is Not Acceptable): 9101 SUNRISE LAKES BLVD, #218
City: SUNRISE FL Zip Code: 33322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: N.A. Horst NADJA A. HORST, DMD
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT NADJA A. HORST 9101 SUNRISE LAKES BLVD, #218 SUNRISE, FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: N.A. Horst NADJA A. HORST 10/30/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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Nadja A Horst D.M.D., P.A.

Tel: 954-525-5662
Fax: 954-929-5451

**9101 Sunrise Lakes Blvd.
Sunrise, FL 33322**

Tuesday, October 28, 2003

Uniform Business Report
Division of corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Our Uniform Business Report was filed on time as shown by the enclosed Certified Receipt. It was evidentially misplaced by your office as we received a Notice of Administrative Dissolution and our check has never cleared the bank.

Per a discussion with your office, enclosed is another Uniform Business Report and another check for \$150.00. Please correct your records.

Thank you.

Dr. Nadja Horst
President

Enc:

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DAMIEN PETERSON</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE FL 32302-1500</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p><i>DAMIEN PETERSON</i></p> <p><i>MAY 2 2003</i></p> <p>TALLAHASSEE FL 32302-1500 USPS</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7002 0510 0000 9371 2315</i></p>