

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JUL 20 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000108297

1. Corporation Name

JASON J. SWARTZ, D.M.D., P.A.

2. Principal Office Address - No P.O. Box #

827 GOLDEN POND CT.

Suite, Apt. #, etc.

City & State

OSPREY, FL

Zip

34229

Country

USA

3. Mailing Office Address

827 GOLDEN POND CT.

Suite, Apt. #, etc.

City & State

OSPREY, FL

Zip

34229

Country

USA

REINSTATEMENT

CR2E081 (12/08)

07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

8/3/2005

5. FEI Number

203247639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN HOEF

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

5100 STATION WAY

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Karen Hoef

Date

6/30/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SWARTZ, JASON J	827 GOLDEN POND CT.	OSPREY, FL 34229
D	SWARTZ, REBECCA A	827 GOLDEN POND CT.	OSPREY, FL 34229

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10. 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 contained in Chapter 119, 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:

Jason Swartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/09

Date

941-924-7571

Daytime Phone #