

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 13 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten mark

2001-2002 UBR

DOCUMENT # P95000004733

1. Corporation Name

PANTEA T. KHAZRAEE, D.D.S., P.A.

2. Principal Office Address

3890 Turtle Creek Dr.
Port Or

3. Mailing Office Address

1951 South Creek Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-2

City & State

City & State

Port Orange, FL 32127

Daytona Beach, FL 32128

Zip

Country

Zip

Country

32127

US

32128

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/19/95

5. FEI Number

593290843

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

Pantea T. Khazraee

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

1951 South Creek Blvd.

Suite, Apt. #, Etc.

City

Daytona Beach, FL 32128

State

FL

Zip Code

32128

100006109301-8

-06/28/02--01067--011

***308.75 ***308.75

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

Pantea Tavafoli - Khazraee

REGISTERED AGENT MUST SIGN

Date

6/12/02

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
P/D	Pantea T. Khazraee	1951 South Creek Blvd.	Daytona Beach, FL 32128

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 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:

Pantea Tavafoli Khazraee 6/12/02 (386)
788-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pantea T. Khazraee, President/Director

Pantea T. Khazraee, D.D.S., P.A.

Family Dentistry

June 12, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to confirm that I received no notification or application to continue with my Florida incorporation. I request that all late fees be waived, due to this fact.

I have spoken with personnel in your department and was told the total amount due was \$300.00 for my reinstatement. Also, I am including \$8.75 for a certificate of good standing.

Thank you in advance for your timely response in this matter.

Sincerely,

Pantea Tavakoli-Khazraee

Pantea T. Khazraee, D.D.S.

PTK/bam

2002