

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000067616**

1. Corporation Name

ENDODONTICS AND PERIODONTICS ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

5420 WEBB RD. SUITE D-2
 TAMPA FL 33615

5420 WEBB RD. SUITE D-2
 TAMPA FL 33615



REINSTATEMENT 03

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

08/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3345302

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
D	RUIZ, ALBERTO A DMD	18201 PATTERSON RD	ODESSA FL 33615
D	TORRES, MARIA C DMD	18201 PATTERSON RD	ODESSA FL 33615

400024025494
 10/22/03--01069--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUIZ, ALBERTO A
 5420 WEBB RD, SUITE D-2
 TAMPA FL 33615

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

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/2003

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Ruiz
 Date 10/20/2003
 Daytime Phone #

CR2E040 (7/03)

Endodontics And Periodontics Associate, P.A.
542 Webb Road, Suite D-2
Tampa, FL 33615

CERTIFIED LETTER WITH RETURN RECEIPT

October 17, 2003

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: P95000067616
2003 UBR

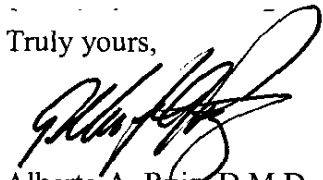
Dear Gentlemen:

As per telephone conversation today with your Department of Corporation, enclosed please find our check in the amount of \$150.00.

Please be advised that we never received the prior notice of our corporate renewals for that reason, we hereby request from you to waive the late fees.

Your prompt processing of our corporate renewal will be greatly appreciated.

Truly yours,



Alberto A. Ruiz, D.M.D.
President