

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030985

1. Corporation Name

MARK D. BLUM, D.D.S., P.A.

Principal Place of Business

STE. 301, 7800 W. OAKLAND PARK BLVD.
SUNRISE FL 33351

Mailing Address

STE. 301, 7800 W. OAKLAND PARK BLVD.
SUNRISE FL 33351



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

04/09/1996

5. FEI Number

65-0669697

Applied For

Not Applicable

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	BLUM, MARK D	STE. 301, 7800 W. OAKLAND PARK B	SUNRISE FL 33351

300009633943
12/23/02 01045 012 **750.00

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST.
FT. LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name **Alan Rosenthal CPA**
Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr.
Suite, Apt. #, Etc.
305
City **Coral Springs** State **FL** Zip Code **33065**

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

Alan Rosenthal
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/01/02

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:

Mark D. Blum
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/02

Daytime Phone #

954-778-3448

CR2E040 (8/02)