

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -4 AM 8:01

DOCUMENT # **P97000093645**

1. Corporation Name

DEAN, ISRAEL & ASSOCIATES, D.D.S., P.A.

Principal Place of Business

9670 GRIFFIN RD.
COOPER CITY FL ~~33324~~

33328

Mailing Address

9670 GRIFFIN RD.
COOPER CITY FL ~~33324~~

33328



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

REINSTATEMENT

02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0792047

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DEAN, CRAIG J	9670 GRIFFIN RD.	COOPER CITY FL 33324
D	ISRAEL, ELIAHU	9670 GRIFFIN RD.	COOPER CITY FL 33324

000009345960
12/04/02 01034 003 **750.00

8. Name and Address of Current Registered Agent

DEAN, CRAIG J
9670 GRIFFIN RD.
COOPER CITY FL 33324

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02 954 954 2700

Daytime Phone #