

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

00-02 UBR

02 MAR 20 PM 12:10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000001468

1. Corporation Name

ANN M. CIPRIANI, D.O.S., P.A.

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-05/08/02--01044--029
****150.00 ****150.00

2. Principal Office Address

5 HARVARD CIRCLE, STE #185
WEST PALM BEACH, FL

3. Mailing Office Address

5 HARVARD CIRCLE
STE #185

2000-2001 UBR

City & State

WEST PALM BEACH, FL

City & State

WPA, FL

4. Date Incorporated or Qualified To Do Business in Florida

01/04/99

5. FEI Number

65-8893173

Applied For

Not Applicable

Zip 33409 Country USA

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6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANN M. CIPRIANI

500005491815--1

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

5 HARVARD CIRCLE

-05/08/02--01044--030

Suite, Apt. #, Etc.

STE #185

****176.25 ****176.25

City

WEST PALM BEACH

State

FL

Zip Code

33409

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date

2/19/02

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
Director (Chairman)	ANN M. CIPRIANI	5 HARVARD CIRCLE, #185	WPA, FL 33409

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****150.00 ****150.00

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/02

Daytime Phone #

(561) 63-3313

CR2E081 (9/01)

Ann M. Cipriani D.D.S.

2002

FAMILY DENTISTRY

Secretary of State
Letter # 602A00008914

We have never received notices for filing
fees. Please re-instate 2001 + 2002, 2000.
Enclosed is \$ ~~300.00~~
476.25 Your promptness in
this matter is greatly appreciated.

Sincerely Yours
Ann M. Cipriani
D.D.S.