

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -9 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033081

1. Corporation Name

JUAN L. GARRASTAZU, D.M.D., P.A.

2. Principal Office Address

12311 TAFT STREET

Suite, Apt. #, etc.

SUITE 3

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

3. Mailing Office Address

12311 TAFT STREET

Suite, Apt. #, etc.

SUITE 3

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

REINSTATEMENT 02-03

100022824071

09/08/03--01040--008 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/99

5. FEI Number

65-0923509

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

JUAN L. GARRASTAZU

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

12311 TAFT ST

Suite, Apt. #, Etc.

SUITE # 3

City

PEMBROKE PINES

State

FL

Zip Code

33026

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

Date

5/1/03

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
PRES	JUAN L. GARRASTAZU	12311 TAFT ST SUITE 3	PEMBROKE PINES, FL 33026

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN L. GARRASTAZU, DMD

Date

5/1/03

Daytime Phone #

954-431-7199

CR2E081 (10/02)

2022

MAIZEL & MAIZEL
ACCOUNTANTS
9360 Sunset Drive Suite 200
Miami, Florida 33173

Phone: 305-279-4713
Fax: 305-279-4758
Email: rmaizel@bellsouth.net

September 5, 2003

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

RE: Juan L Garrastazu DMD PA

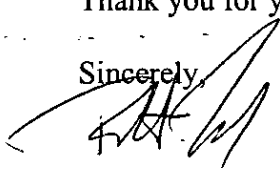
We are the accountants for the above named corporation and as such
prepare all federal and state returns.

This corporation moved twice during the last two years and did not receive
much of the forwarded mail.

Upon completion of a new workers compensation form, the corporation
was told that the corporation was dissolved. We are now asking the State
of Florida to accept the enclosed check for two years, and would hope that
no penalties be assessed.

Thank you for your attention in this matter.

Sincerely,



Robert Maizel