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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.

REINSTATEMENT 02-03

100022824071
09/08/03--01040--008 **300.00

2. Principal Office Address		**3.** Mailing Office Address	
12311 TAFT STREET		12311 TAFT STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 3		SUITE 3	
City & State		City & State	
PEMBROKE PINES, FL		PEMBROKE PINES, FL	
Zip	Country	Zip	Country
33026	U S A	33026	U S A

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: _____ JUAN L. GARRASTAZU, DMD 5/1/03 954-431-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

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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