PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 566928

1. Corporation Name

BRUCE G. JACOBS, D.D.S., P.A.

Principal Place of Business	Mailing Address
1708 E HALLANDALE BEACH BLVD HALLANDALE FL 33009	1708 E HALLANDALE BEACH BLVD HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/1978

5. FEI Number: 59-1799505 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	JACOBS, BRUCE G., D.D.S.	1708 E. HALLANDALE BCH	HALLANDALE FL
			300002344933--0 -11/12/97--01088--011 ****165.00 ****165.00

11-10-97

8. Name and Address of Current Registered Agent

JACOBS, BRUCE G., D.D.S.
1708 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009

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

CR2E040 (8/97)

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.

Signature of Registered Agent: Bruce G. Jacobs DDS — REGISTERED AGENT MUST SIGN — Date: 11/4/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Bruce G. Jacobs DDS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/4/97 — Daytime Phone #

(2)

Bruce Jacobs, D.D.S.
1708 East Hallandale Beach Boulevard
Hallandale, Florida 33009

(305) 456-3366

11/4/97

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations

Dear Sirs;

I was shocked to receive notification that I never filed my annual corporate report. During the 19 years I have been incorporated, this is the first time this has happened. Although I never received the form, I am aware that filing this report is my responsibility, regardless.

I hope you can accept my story and allow the penalty to be waived. I am enclosing a check for $165.00. I will note the filing date on my calendar for next year, and comply promptly.

Sincerely,
Bruce Jacobs, DDS