

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 603572

1. Corporation Name

FRANKLIN M. BOYAR, D.M.D., P.A.

Principal Place of Business

715 NE 3 AVE
P.O. BOX 1497
DELRAY BEACH FL 33444

Mailing Address

715 NE 3 AVE
P.O. BOX 1497 33447
DELRAY BEACH FL 33444

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1972

5. FEI Number

59-1405078

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 3	City / State / Zip 4
PD	BOYAR, FRANK	715 NE 3 AVE	DELRAY BEACH FL
D	BOYAR, LYNNE	1015 SEASAGE DRIVE	DELRAY BEACH FL

400008769184
11/04/02--01007--004 **150.00

8. Name and Address of Current Registered Agent

BOYAR, FRANKLIN M.
715 NE 3 AVE
DELRAY BEACH FL 33444

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

Franklin M. Boyar D.M.D.
REGISTERED AGENT MUST SIGN

Date 10/28/02

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.

FRANKLIN M. BOYAR, D.M.D., P.A.

SIGNATURE:

Franklin M. Boyar D.M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

CR2E040 (8/02)

FRANKLIN M. BOYAR, D.M.D., P.A.

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October 28, 2002

Dear Florida Department of State,

We just received this notice of administrative dissolution. I never received a renewal for this year. Also I looked back and found corporation papers for all previous years, but none for 2002. Please excuse the late payment that is enclosed. Please note the mailing address change, the zip code was for the street address and not the post office box address. Thank you for your help.

Sincerely,



Franklin M. Boyar, D.M.D.

FEI # 59-1405078

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