

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # 463255

1. Corporation Name

PERIODONTAL SOLUTIONS OF SOUTH FLORIDA, P.A.

Principal Place of Business

7600 RED ROAD, SUITE 216  
SOUTH MIAMI FL 33143-5487

Mailing Address

7600 RED ROAD, SUITE 216  
SOUTH MIAMI FL 33143-5487



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

4. Date Incorporated or Qualified To Do Business in Florida

10/01/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1551473

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CHASE, STEPHEN F	7600 RED ROAD	SOUTH MIAMI FL
VST	CHASE, STEPHEN F	7600 RED ROAD	SOUTH MIAMI, FL 00000
VP	Ramirez, Jorge L	7600 Red Road Suite 216	South Miami, FL 33143
			1000008636121 10/28/02--01114--022 **150.00

8. Name and Address of Current Registered Agent

CHASE, STEPHEN F  
7600 RED ROAD  
SUITE 216  
SOUTH MIAMI FL 33143

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 (802)

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

*[Handwritten Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/24/02

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.

SIGNATURE

*[Handwritten Signature]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02

(305) 665-6575

Periodontal Solutions  
of South Florida

Stephen F. Chase, D.D.S., F.I.C.D.  
*Diplomate of the American  
Board of Periodontology*  
Jorge L. Ramirez, D.M.D.

Periodontics/  
Implant Dentistry

October 23, 2002

Mr. Jim Smith  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re.: Document #463255**

Dear Mr. Smith:

Enclosed please find our application for reinstatement. I hereby request a waiver of the penalty, as the previous notices for renewal were not received by our office.

Please do not hesitate to contact us if you have any questions regarding this matter.

Sincerely,



Stephen F. Chase, DDS

SFC/cdlc