

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 8:33

DOCUMENT # **476699**

1. Corporation Name
TEQUESTA DENTAL ASSOCIATES, P.A.

2. Principal Office Address
175 TEQUESTA DRIVE INLET PRO

3. Mailing Office Address
175 TEQUESTA DRIVE INLET PROF

Suite, Apt. #, etc.
STE C

Suite, Apt. #, etc.
STE C

City & State
TEQUESTA, FLORIDA

City & State
TEQUESTA, FLORIDA

Zip Country
33469 USA

Zip Country
33469 USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 05/17/1975

5. FEI Number 591626810
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
JENNIFER E. COLE

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

900047508829
03/01/05--01052--019 **1058.75

Suite, Apt. #, Etc.
SUITE C

City
TEQUESTA

State Zip Code
FL 33469

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 REGISTERED AGENT MUST SIGN

Date 01/15/2005

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
P/V/I/S	JENNIFER E. COLE	175 TEQUESTA DRIVE SUITE C	TEQUESTA, FL 33469

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: Date 01/15/2005 (561) 746-7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Daytime Phone #

CR2E081 (01/05)