

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP -3 PM 2:55

DOCUMENT # 481329

1. Corporation Name

H.B. GARRISON, D.D.S., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008015550--0
-09/25/02--01001--010
***1350.00 ***1350.00

REINSTATEMENT 98-02

2. Principal Office Address

4900 W. OAKLAND PARK BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

City & State

Zip

33313

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/75

5. FEI Number

59-1627837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

HARVEY B. GARRISON

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

4900 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

#102

City

LAUDERDALE LAKES

State
FL

Zip Code

33313

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

8-26-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HARVEY B. GARRISON	4900 W. OAKLAND PARK BLVD, #102	LAUDERDALE LAKES, FL 33313

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)(c), 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:

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

Date

8-26-02 Daytime Phone #