

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC 11 PM 12:07

DOCUMENT # 547096

1. Corporation Name
RICHARD F. NEWMAN, D.D.S., P.A.

Principal Place of Business 1550 S DIXIE HWY MIAMI FL 33146-3034	Mailing Address 1550 S DIXIE HWY MIAMI FL 33146-3034
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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 09/01/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1759704	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PTD	NEWMAN, RICHARD F.	1550 S DIXIE HWY	CORAL GABLES FL

500003510755-1
 -12/21/00--01077--010
 ****750.00 ****750.00

Handwritten signature

CR2E040 (8/00)

8. Name and Address of Current Registered Agent NEUWAHL, MALCOLM H. 1500 SAN REMO AVE SUITE 125 CORAL GABLES FL 33146		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.

Signature of Registered Agent *[Signature]* **REQUIRED** Date **10/31/00**
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **REQUIRED** Date **10/31/00** Daytime Phone # **305-466-6104**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR