

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED AND FILED pg. 1082



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 31 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 553496

1. Corporation Name

JOSHUA BOCKIAN, D.D.S., P.A.

97AR

Principal Place of Business

501 GOLDEN ISLE DR.
STE 202
HALLANDALE FL 33009

Mailing Address

501 GOLDEN ISLE DR.
STE 202
HALLANDALE FL 33009



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

12/09/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1774014

Applied For

City & State

City & State

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	BOCKIAN, JOSHUA A.	501 GOLDEN ISLE DR.	HALLANDALE FL 33009

300002987223--5
-11/04/97--01025--009
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOCKIAN, JOSHUA
501 GOLDEN ISLE DR.
STE 202
HALLANDALE FL 33009

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

Joshua Bockian JOSHUA BOCKIAN
REGISTERED AGENT MUST SIGN

Date 10-29-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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

Joshua Bockian JOSHUA BOCKIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97

Date

Daytime Phone #

CFR2E040 (8/97)

Joshua A. Bockian, D.D.S., P.A.

pg. 2 of 2

501 Golden Isles Drive
Suite 202
Hallandale, FL 33009
(305) 458-4584

October 29, 1997

To: Florida Department of State

Re: Document 553496

Our office called (850) 487-6059 on October 28, 1997. It was explained, that we had never received an application of renewal for 1997. It was also noted we have been Incorporated since 1977 and have always paid in a timely matter.

We were instructed to pay \$165.00 (enclosed) and that in the future it would be our responsibility to make sure we receive the renewal form.

I thank you for time and assistance in this matter. Enclosed is application for reinstatement and a check in the amount of \$165.00.

Sincerely,

Mrs. Helen Davis

Mrs. Helen Davis, Office Manager