

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV 25 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 554307

1. Corporation Name

NOTTINGHAM & ANENBERG, P.A.

Principal Place of Business

7401 N UNIVERSITY DR
SUITE 207
TAMARAC FL 33321

Mailing Address

7401 N UNIVERSITY DR
SUITE 207
TAMARAC FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1977

5. FEI Number

59-1772084

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	NOTTINGHAM, CHARLES E	7800 BANYAN TERR.	TAMARAC FL
VP	ANENBERG, KENNETH	7801 UPPER RIDGE DRIVE	PARKLAND FL 33067

8. Name and Address of Current Registered Agent

UDINE, MOREY ESQ.

210 UNIVERSITY DR., SUITE 802

CORAL SPRINGS FL 33071

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. or 617.0505, F.S.

Signature of
Registered Agent

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.

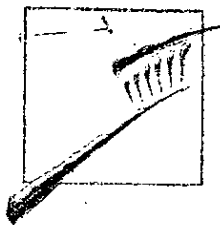
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 9547216956



CHARLES NOTTINGHAM, D.D.S., F.A.G.D.
KENNETH ANENBERG, D.M.D.
STEVEN CRAMER, D.M.D.

October 24, 2002

To Whom It May Concern:

We received your notice of Dissolution-of Corporation. Please note that in 28 years we have never failed to file on time. We did not receive renewal form. We are applying for re-instatement and enclosing a check for \$150 for your annual fee. Thank you for you consideration in this matter.

Sincerely,

Kenneth Anenberg (VP)
Marianne S. Taylor

Marianne S. Taylor
Office Manager