

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV -5 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 602848

1. Corporation Name

CALVIN M. JOHNSON, DDS. P.A.

Principal Place of Business

Mailing Address

505 S. Federal Hwy.  
Deerfield Beach, FL 33441

Same

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

665 S.E. 10th St.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

Deerfield Beach, FL

City & State

Same

Zip

33441

Country

Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

June 2, 1971

5. FEI Number

59-1350155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

See Instructions for details

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
P/D	Calvin M. Johnson	665 S.E. 10th Street	Deerfield Beach, FL 33441
			500002001315--2
			-11/12/96--01004--009
			****980.00 ****980.00

REINSTATEMENT

B4-96

A. Allen

11-5-96

8. Name and Address of Current Registered Agent

Calvin M. Johnson  
665 S.E. 10th Street Suite #101  
Deerfield Beach, FL. 33441

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Calvin M. Johnson* DDS  
REGISTERED AGENT MUST SIGN

Date October 24, 1996

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Calvin M. Johnson

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/96

Date

954-427-5250

Daytime Phone #

CRZED-00 (12/95)