

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604667

1. Corporation Name

Joseph H.
SPINGARN, D.D.S., P.A.

2. Principal Office Address - No P.O. Box #

7797 N. University Dr. Suite 201

Suite, Apt. #, etc.

201

City & State

TAMARAC, FL.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

TAMARAC, FL.

Zip

33321

Country

USA

Zip

Broward Co.

Country

FL

7. Name and Address of Current Registered Agent

Name

Joseph H. Spingarn

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

7797 N. University Drive

Suite, Apt. #, Etc.

201

City

TAMARAC

State

FL

Zip Code

33321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph H. Spingarn
REGISTERED AGENT MUST SIGN

Date March 23, 2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President V.P. Treasurer & Secy.	Joseph H. Spingarn	7797 N. University Dr. Suite 201	TAMARAC, FL. 33321
	3/30		

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 contained in Chapter 119, 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:

Joseph H. Spingarn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/09

Date

954 722-9339

Daytime Phone #

100147717441
03/27/09--01003--025 **450.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 9-11-1973

5. FEI Number 591479001

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Applied For
Not Applicable

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.