

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 18 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 605100

1. Corporation Name

SHAPSES & PYSER, D.D.S., P.A.

Principal Place of Business

6130 W ATLANTIC BLVD
MARGATE FL 33063

Mailing Address

6130 W ATLANTIC BLVD
MARGATE FL 33063

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

03/28/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-1531244

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
SD	PYSER, GERALD M	6130 W ATLANTIC BLVD	MARGATE FL
PD	SHAPSES, JOEL	6130 W ATLANTIC BLVD	MARGATE FL
			100002009411--S -11/20/36--01027-024 ****138.75 ****138.75
			100002009411--S -11/20/36--01027-025 ****236.25 ****236.25
			DB11-B-9

8. Name and Address of Current Registered Agent

CASOJA, GOFF & FRIEDMAN, P A
1040 BAYVIEW DR
FT LAUDERDALE, FLA
33304

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, on behalf of and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/96

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.)

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:

SIGNATURE REQUIRED
Signature and typed or printed name of officer or director
Gerald M. Pyser, Secretary

10/24/96 (954) 972-6566

Date

Daytime Phone #