PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 SEP 26 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 685727

1. Corporation Name

ALAN J. DEVOS, D.M.D., P.A.

REINSTATEMENT 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
13801-B S. Tamiami Trail		13801-B S. Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: North Port, FL		City & State: North Port, FL	
Zip: 34287	Country: USA	Zip: 34287	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1980

5. FEI Number: 59-2020743 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Devos, Alan J., DMD

Street Address (P.O. Box Number is Not Acceptable): 13801-B S. Tamiami Trail

Suite, Apt. #, Etc.:

City: North Port | State: FL | Zip Code: 34287

☐ 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.

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 _____ Date 09/21/2007

REGISTERED AGENT MUST SIGN

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
DP	Alan J. Devos, D.M.D.	13970 Royal Pointe Drive	Port Charlotte, FL 33953

800103951348
09/26/07--01031--008 **750.00

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: _____ 9/21/07 941 426 1134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/1 gw

2 of 2

ALAN J. DEVOS, D.M.D., P.A.
FAMILY DENTISTRY

13801-B S. TAMIAMI TRAIL
NORTH PORT, FLORIDA 34287

TELEPHONE (941) 426-1134

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: Request for Reinstatement Waiver of Penalties
Alan J Devos DMD PA

Gentlemen:

Enclosed please find the request for reinstatement of Alan J Devos DMD PA together with our check for seven hundred fifty ($750) representing the annual fees for years 2003, 2004, 2005, 2006 and 2007.

We respectfully request waiver of the penalties associated with the late filing of these reports based on the fact that we have no record of receiving the annual report forms for the years in question. Additionally, we were affected by Hurricane Charley which may have also contributed to this oversight.

Your favorable consideration of our request is greatly appreciated.

Respectfully submitted,

Alan J Devos
President