

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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FILED

97 APR 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F 13068

1. Corporation Name

RICHARD I. LIPMAN D.D.S. PA.

Principal Place of Business

Mailing Address SAME

MIZNER PARK
327 PLAZA REAL SUITE 201
BOCA RATON FL 33432

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

ON FILE

5. FEI Number

592044456

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	DR. RICHARD I. LIPMAN	700 NE 76 ST. BOCA RATON FL 3	BOCA RATON FL 33432

800002169788--5
-05/07/97--01086--002
****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DR RICHARD I. LIPMAN
327 PLAZA REAL SUITE 201
BOCA RATON FL 33432

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/28/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97 561 368 9288

CR2E040 (12/96)

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RICHARD I. LIPMAN, D.D.S., P.A.
STEVEN D. SPITZ, D.M.D. ♦ JOSEPH NORDMANN, D.M.D. ♦ STEPHEN J. SCHER, D.D.S.

Somerset Shoppes, 8903 Glades Rd., Suite A-7, Boca Raton, FL 33434 (407) 488-9288
Mizner Park, General Dentistry, 327 Plaza Real, Suite 201, Boca Raton, FL 33432 (407) 368-9288

4/28/97

Dear Mrs. Marie W. Bartlett,

Please waive the reinstatement fee of \$85 for the
S+I Dental Laboratory Inc, Mizner Park Services Inc.,
and Dr Richard I. Lipman, D.D.S., P.A..

I have a local problem with receiving all
mail since there is an outside box, and mail
is not delivered to my office address inside.
The location of the box makes for easy vandalism,
in Mizner Park, which has occurred. Please
waive the fee for each of the corporations as I have
not received said mail.

I am enclosing a check for S+I Dental Lab, in the sum of
\$365⁰⁰ (200 for 1996 and Reprint, and 165 for 1997 and Reprint)

Also another check for Dr Richard I. Lipman, D.D.S., P.A.
in the sum of \$365⁰⁰ (200 for 1996 and Reprint and 165 for 1997 reprint)

Lastly a check for Mizner Park Services in the sum
of \$365 (200 for 1996 and 165 for 1997).

Thank You for your kind and prompt attention to this matter.

R. I. Lipman