

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13068

1. Corporation Name

RICHARD I. LIPMAN, D.D.S., P.A.

FILED

00 JAN 19 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

MIZNER PARK
327 PLAZA REAL STE 201
BOCA RATON FL 33432

Mailing Address

MIZNER PARK
327 PLAZA REAL STE 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

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2044456

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	LIPMAN, RICHARD I. DR.	700 NE 76 STREET	BOCA RATON FL 33432
			300003142923--3 -02/22/00--01053--002 ***300.00 ***300.00
			99-00AR TS

8. Name and Address of Current Registered Agent

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

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, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/14/00

11. 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 561 368-9288

TO whom it MAY Concern 01/14/00

I did not receive any reinstatement notices for 1999. Please waive any late fees. As per my conversation with Tyrone, I am enclosing a check for \$300^{each} made out to Florida Dept. of State to reinstate my corporations for 1999-2000. Thank you for your cooperation

D. P. L. Lypinski