

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 OCT 28 AM 11:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F65736**

1. Corporation Name  
**FREDERICK E. KNOLL, D.D.S., P.A.**

Principal Place of Business	Mailing Address
C/O FREDERICK E. KNOLL DDS 951 NW 167 STREET, #208 N MIAMI BEACH FL 33162	C/O FREDERICK E. KNOLL DDS 951 NW 167 STREET, #208 N MIAMI BEACH FL 33162



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	
Suite, Apt #, etc.		Suite, Apt #, etc.		02/03/1962	
City & State		City & State		5. FEI Number	
Zip		Country		60-2159928	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Addt'l 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	KNOLL, FREDERICK E	951 NE 167TH ST #208	N MIAMI BCH FL
T	KNOLL, ANNE	951 NE 167TH ST #208	N MIAMI BCH FL
			700003034347--2 -11703799--01075--016 ****750.00 ****750.00
<b>REINSTATEMENT 99 LITS</b>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KNOLL, FREDERICK E., D.D.S. 951 NE 167 STREET N MIAMI BEACH FL 33162		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.  
 Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 10/13/99

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 807 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 807.0401 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)(l), 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] **FREDERICK KNOLL**  
 Date: 10/13/99 Daytime Phone #: 305-657-0139

CR2E040 (8/99)