

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -5 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F86570

1. Corporation Name

ROY L. GREENBERG, D.D.S., P.A.

Mailing Address

Principal Place of Business

11030 N. KENDALL DRIVE
SUITE 202
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

SEE ABOVE

3. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

1982

5. FEI Number

59-2204857

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)

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
PTS VP, D, L	ROY L. GREENBERG DDS	11030 N. KENDALL DRIVE SUITE 202 MIAMI, FLA 33176	MIA, FLA 33176

REINSTATEMENT

600002366956

12/09/97-01068-004

***2065.00 ***2065.00

8. Name and Address of Current Registered Agent

ROY L. GREENBERG, D.D.S.
11030 N. KENDALL DRIVE
SUITE 202
MIA, FLA 33176

9. Name and Address of New Registered Agent

Name

ROY L. GREENBERG DDS

Street Address (P.O. Box Number is Not Acceptable)

11030 N. KENDALL DRIVE

Suite, Apt. #, Etc.

202

City

MIAMI

State

FL

Zip Code

33176

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

ROY L. GREENBERG DDS
REGISTERED AGENT MUST SIGN

Date 12/4/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

ROY L. GREENBERG DDS

ROY L. GREENBERG DDS

Date

12/4/97 595-1556

Daytime Phone #