

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 11:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G01959**

1. Corporation Name

**Norman F. Archambo, DMD,
A Professional Association**

000162404670

11/02/09--01045--026 **3900.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

500 Hwy 19 S.
Suite, Apt. #, etc

3. Mailing Office Address

500 Hwy 19 S.
Suite, Apt. #, etc

City & State

Palatka FL

Zip Country

32177 USA

City & State

Palatka FL

Zip Country

32177 USA

**4. Date incorporated or Qualified
To Do Business in Florida**

9/29/82

5. FEI Number

592228789

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

Norman F. Archambo

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

500 N. Hwy 19 S.

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

☒ 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

Norman F. Archambo DMD
REGISTERED AGENT MUST SIGN

Date **10/30/09**

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
P/D	Norman F. Archambo	500 Hwy 19 S.	Palatka, FL 32177

REINSTATEMENT

1984-2009
Norman F. Archambo

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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman F. Archambo

Date

10/30/09 386-328-7111

Daytime Phone #