

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 24 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H00855**

1. Corporation Name

LAWRENCE T. GRAND, D.D.S., P.A.

2. Principal Office Address

18962 SW 94th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157-7958

Country

USA

3. Mailing Office Address

18962 SW 94th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157-7958

Country

USA

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

5. FEI Number

592402846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Wayne H. Rassner, Esq.

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

7700 N. Kendall Drive

Suite, Apt. #, Etc.

Suite 510

City

Miami

State

FL

Zip Code

33156

~~WAYNE H. RASSNER, ESQ.~~
600055980856
06/09/05--01068--001 **1125.00

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

Wayne H. Rassner
REGISTERED AGENT MUST SIGN

Date

5-23-05

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
DP	Lawrence T. Grand	18962 SW 94 Avenue	Miami, FL 33157-7958

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 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:

Lawrence T. Grand, DDS, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 20, 2005

Daytime Phone #

CR2E081 (01/05)