

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # H/820468

1. Corporation Name

PETER A PULLON DDS PA

2. Principal Office Address

11380 Prosperity Farms Rd

3. Mailing Office Address

Rd

Suite, Apt. #, etc.

#214A

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

33410-3477

Country

USA

Zip

Country

REINSTATEMENT 01-02

300006707423--4

-07/26/02--01051--013

****900.00 ****900.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/84

5. FEI Number

59=2453133

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

J. Terence McManus

Terrance McManus, Attorney at Law

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

818 US Highway 1, Suite 1

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code

33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-18-2002

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/V/ S/T/D	Peter A. Pullon	126 Lakeshore Dr #627	North Palm Bch, FL 33408

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 no 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]

Peter A. Pullon

561-627-9166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #