

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 18 PM 2:03

DOCUMENT # **H78729**

1. Corporation Name

H & K Endodontics, P.A.

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

817 S. University Drive

Suite, Apt. #, etc.

108

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

817 S. University Drive

Suite, Apt. #, etc.

108

City & State

Plantation, FL

Zip

33324

Country

USA

500172552125
03/18/10--01039--018 **300.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

7-19-1995

5. FEI Number

59-2603212

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

Gretchen Heinsen

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

817 S. University Drive

Suite, Apt. #, Etc.

108

City

Plantation

State

FL

Zip Code

33328

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Gretchen Heinsen	817 S. University Dr # 108	Plantation, FL 33324
VP	David J. Knight	817 S. University Dr. # 108	Plantation, FL 33324

REINSTATEMENT

10. E-mail Address: **Brenda@HKEndo.com**

(To be used for future annual report notification)

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 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, I further certify, 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:

Gretchen Heinsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/2010

Daytime Phone #