

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 21 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J-27117

1. Corporation Name

Dale C. Smith, DDS, P.A.

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

224 SE 23rd Avenue  
Suite, Apt. #, etc.

3. Mailing Office Address

224 SE 23rd Avenue  
Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

City & State

Boynton Beach, Florida

Zip

33435

Country

USA

Zip

33435

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/5/80

5. FEI Number

59 2719870

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

Dale C. Smith

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

224 SE 23rd Avenue

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

☒ 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 x

*Walter C. Smith*  
REGISTERED AGENT MUST SIGN

Date 5-16-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---------------------------------------------------|------------------------|
| P.     | Dale C. Smith                        | 224 SE 23rd Avenue                                | Boynton Beach FL 33435 |
|        |                                      |                                                   |                        |
|        |                                      |                                                   |                        |
|        |                                      |                                                   |                        |
|        |                                      |                                                   |                        |
|        |                                      |                                                   |                        |

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05/21/07--01023--016 \*\*1500.00

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

*Walter C. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE C. SMITH, DDS

Date

5-17-07

Daytime Phone #

*Waxman & Waxman, P.A.*

CERTIFIED PUBLIC ACCOUNTANTS  
2001 WEST SAMPLE ROAD, SUITE 404  
POMPANO BEACH, FLORIDA 33064  
(954) 972-5505

207

MICHAEL S. WAXMAN, CPA

MARIA S. WAXMAN, CPA

PALM (561) 362-9020  
DADE (305) 945-0008  
FAX (954) 970-0009

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

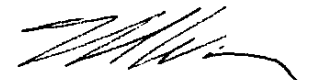
RE: Dale C. Smith D.D.S. P.A.

Gentleman,

We are writing on behalf of Dale C. Smith D.D.S. P.A. (TIN 59-2717870). This entity has recently found out that on or about September 15, 2005, the Department of State filed for dissolution. The taxpayer's sole shareholder and its registered agent deeply regrets that this occurred. Based on the explanation we received the last annual report was filed in 2004. Enclosed please find a check for \$1,500. This represents the annual \$150 corporate fee for 2005, 2006 and 2007 in addition to the reinstatement fee of \$1,050. We have also enclosed Corporate Reinstatement for CR2E081. Please contact us if any further action is required to bring this account current.

Near the end of 2005, the taxpayer replaced the person responsible for office management. Many duties have been ignored by the party that held that position. This entity would never knowingly or willfully jeopardize its corporate status. We kindly request the Department of State to consider the waiver of the \$1,050 reinstatement fee.

Very truly yours



Michael S. Waxman

Cc: Dr. Dale Smith