

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W0600053013

FILED

06 DEC 12 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 31472

1. Corporation Name

Dennis J. Carmody, DDS, PA

2. Principal Office Address

130 South Woods Dr

3. Mailing Office Address

130 South Woods Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge

City & State

Rockledge

Zip
32955

Country
USA

Zip
32955

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1986

5. EEL Number

592683598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dennis J. Carmody

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

130 South Woods Dr

Suite, Apt. #, Etc.

City
Rockledge

State
FL

Zip Code
32955

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 12/05/06

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
PSTD	Dennis J. Carmody, DDS, PA	130 South Woods Dr	Rockledge, FL 32955

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell DEC 12 2006

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DENNIS J. CARMODY, D.D.S., P.A.
130 SOUTH WOODS DRIVE
ROCKLEDGE, FLORIDA 32955
(321) 631-8088 • FAX (321) 631-8188

Florida Department of State
Secretary of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

December 5, 2006

Dear Secretary of State,

This is a letter to inform you that we did not receive the Annual Reports for the years 2005 & 2006 and request the reinstatement fee be waved. I have enclosed a check for \$300.00 for 2005 & 2006 as instructed by your office. Please advise if there is anything further to return us to the active status.

Thank You,



Dennis J. Carmody, DDS PA

DJC/CAP