

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J72091

1. Corporation Name

DIAN M. OLAH, D.M.D., P.A.

Handwritten initials

Principal Place of Business

Mailing Address

2454 MCMULLEN BOOTH ROAD
SUITE 410
CLEARWATER FL 33759
US

2454 MCMULLEN BOOTH ROAD
SUITE 410
CLEARWATER FL 33759
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2820630

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	OLAH, DIAN M	7095 SUNSET DRIVE SOUTH	SOUTH PASADENA FL 33707

200009047122
11/18/02--01047--010 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLAH, DIAN M.
2454 MCMULLEN BOOTH ROAD, SUITE 410
CLEARWATER FL 33759

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature REGISTERED AGENT MUST SIGN

Date

11/09/02

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 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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/09/02

Daytime Phone #

CR2E040 (8/02)