

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED

02 JUN 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/03/02--01059--030
****450.00 ****450.00

DOCUMENT # J91171

1. Corporation Name

Bruce L. Kaufmann D.O.S. PA

2. Principal Office Address

413 NW Univ. Blvd S. #4

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/16/87

5. FEI Number

59-2850391

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

Bruce Kaufmann D.O.S.

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

4131 University Blvd. S. #4

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

Bruce Kaufmann D.O.S.
REGISTERED AGENT MUST SIGN

Date

6-17-02

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
Pres	Bruce Kaufmann	413 NW Univ. Blvd. S. #4	Jacksonville, FL 32216

06-02 UBR 18

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 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:

Bruce Kaufmann D.O.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-17-02

Daytime Phone #

904-237-3662

CR2E081 (9/01)

BRUCE KAUFMANN, D.D.S.



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(904) 737-3662

May 29, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL32314

To Whom It May Concern:

Thank you for your return letter #202A00032118, Reference #J91171.

As per my telephone conversation the morning with Justin Shivers, I have not received forms for the last two years.

I am enclosing a check in the amount of \$450.00

Thank you, -

Sincerely,

Bruce L. Kaufmann, D.D.S.
BLK/cj