

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J97782**

1. Corporation Name

CROSSROADS DENTAL CENTER, P.A.

Principal Place of Business

Mailing Address

C/O JEFFREY KANE
11634 N. KENDALL DRIVE
MIAMI FL 33176

C/O JEFFREY KANE
11634 N. KENDALL DRIVE
MIAMI FL 33176

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1987

5. FEI Number

59-2856827

Applied For

Not Applicable

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
D	KANE, JEFFREY	11634 N. KENDALL DR.	MIAMI FL 33176
D	KANE, STANFORD E.	16235 N.E. 11TH CT.	N. MIAMI BEACH FL 33162
D	KANE, FREDERICK	11634 N. KENDALL DRIVE	MIAMI FL 33176

400023920394

10/17/03 01032 025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KANE, JEFFREY~~
11634 N. KENDALL DRIVE
MIAMI FL 33176

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

REGISTERED AGENT MUST SIGN

Date

10/2/03

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/03

Daytime Phone #

305-947-3439

CR2040 (7/03)

CROSSROADS DENTAL CENTER

COSMETIC AND FAMILY DENTISTRY

JEFFREY KANE, D.M.D.
FREDERICK E. KANE, D.M.D.
STANFORD E. KANE, D.M.D.

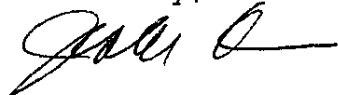
October 13, 2003

Re: 59-2856827
Crossroads Dental Center

To Whom It May Concern:

Our Corporation received this letter today to much of my surprise. We have 3 corporations, Two of which have been active for the past 50 years, Kane Dental Assoc. P.A. 59-2509088, and J.A.F. Corporation, 59-1147485. We have always paid what ever fees's for licenceing, reports, and tax's that are due. As you can see we have paid our Annual report fee's of \$150.00 on the First month of the new year each and every year. This year we never received a report for our Crossroads Dental Office, if we did there would be no reason why we wouldn't of paid it along with the other two corporations, which you did receive. Please waive any additional fee's that may have occurred and please process our check for \$150.00. If you have any questions please do not hesitate to call.

Sincerely,



Jeffrey Kane D.M.D.