

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -2 AM 9:23

DOCUMENT # L4D573

1. Corporation Name

BORASMY N. UNG D.D.S. P.A.

REINSTATEMENT 1996-2003

2. Principal Office Address

3112 N. FEDERAL HWY

Suite, Apt. #, etc.

LIGHTHOUSE POINT

City & State

FLORIDA

Zip

33064

Country

USA

3. Mailing Office Address

3112 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

300009309063

12/03/02--01013--030 **1658.75

300009309063

12/16/02--01085--027 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1990?

5. FEI Number

65-0166344

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

BORASMY UNG

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

3112 NORTH FEDERAL HWY

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT, FL

State

FL

Zip Code

33064

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

Borasmey Ung
REGISTERED AGENT MUST SIGN

Date

11/25/02

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
P/D	BORASMY UNG President	3112 N. FEDERAL HWY	LIGHTHOUSE POINT, FL 33064
SV/D	BOANN UNG Vice President	3636 WHITEHALL DR # 405	WEST PALM BEACH, FL 33040
S/T/D	BORASMY UNG Secretary/Treasurer	3112 N. FEDERAL HWY	LIGHTHOUSE POINT, FL 33064

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:

BORASMY UNG *Borasmey Ung* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02
Date

954-782-3271
Daytime Phone #

CR2E081 (9/01)