PLEASE READ	ALL INSTRI	JCŤIOM	BFORE	MPI FT	: ING THIS F	ORM	0
		TPÁRT E	N d is i				10-6
	J. S.	cretary of	atr.		-	LED	' '
	DIVISIO	ON OF CORPO	RATIONS	-			
DOCUMENT #L46402				01 JUL -5 PM 12: 53			
1. Corporation Name OZCAN SOLAR, D DS, PA				SECRETARY OF STATE TALBAHASSEE, FLORIDA			
and the second s	manay territorial and a second segment against				INCENDA	SOEE, FEBR	IBA
Principal Place of Business Mailing Address 958 SU MARTIN DOWNS BLUD				1		 	
PALM CITY, FL 34990			A Section of the sect				
The second secon			***				
If above addresses are incorrect in any way, line the	<u> </u>					!	
2. New Principal Office Address, If Applicable				To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number	1122 90		Applied For
City & State PALM CITY FL				65-01	78167	·	Not Applicable
Zip Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRE	D S8.75 Addit	onal Fee required
7. Names and Street Addresses of Each Officer and	/or Director (Florida n	nonprofit corpora	ations must list at lea	st 3 directors)		<u>!</u>	
Title(s) Name of Officers and/or Directors	and/or Directors Offi					City / State / Zip	
PRES 2	2 3 (Do NOT Use Post			vumbers)	4		: 4
DIRECTOR SOLAR, OZCAN	2	103 SW	DANFORTH	CIR	Parmei	TY, FL 3	34990
SECT. DIRECTOR SOLAR, SAZIYE		102 643	DAN 600 TU	مستندن بر مرسد	Du-macia	TYFE	20000
DIRECTOR SOLAR SAZIYE		10.2 S.M	DANFORTH	<u> </u>	PAGITO	17, FL	34440
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8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
OZCAN SOLAR	Name	· .		LS			
2103 SW SUNSET T	Street Address (F	P.O. Box Number	is Not Acceptable)	,	CROEORI		
PALM CITY, FL 34990			Suite, Apt. #, Etc.			ļ	
			City			State Zip Co	de
10. I, being appointed the registered agent of the abo	ove named corporation	n, am familiar w	ith and accept the ot	bligations of Section	on 607.0505, F.S.	<u> </u>	
Signature of Registered Agent				·	Date		
	EGISTERED AGENT			: .		1	
11. This corporation owes the Intangible Personal Prope			Yes	□ No 区	(Se	e other side for info on intangible tax	irmation
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been elimi names of individuals l	inated, the corpo listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607,040	1 or 617,0401, F.S.	., that all fees
/	00/	- zamo rogal en					
SIGNATURE:				7-3	-200	/	
SIGNATURE AND HOED OF PR	TED NAME OF SIGNIF	NG OFFICER OR	DIRECTOR		Date	Daytime Ph	ne #

RICHARD L. MANSKE, P.A. Certified Public Accountant



215 S. Federal Hwy. • Suite 103 • Stuart, FL 34994 (561) 286-3724 • Fax (561) 286-0117

Member

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS MICHIGAN ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

May 17, 2001

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: Ozcan Solar, DDS, PA

Dear Sir or Madam:

As a service to my clients, I have been checking your web site to make sure that their corporations are active. I discovered that Dr. Solar's corporation had been administrative dissolved. Please note that he relocated his office and apparently the postal service failed to forward his annual business report form.

We are requesting that the penalties, which we feel are severe, be abated. A check is enclosed for \$300, covering the 2000 and 2001 report fees. Dr. Solar has always paid the annual report fee on a timely basis, except for this address change problem. Please reinstate the corporation and abate any penalties.

If you have any questions regarding this request feel free to contact Dr. Solar or our office.

Very truly yours,

Richard L. Manske

Richard Manske