

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 NOV 10 AM 8:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L60677
 1. Corporation Name
JORGE A. PEREZ, D.D.S., P.A.

Principal Place of Business Mailing Address
2332 SW 82ND CT **2332 SW 82ND CT**
MIAMI FL 33155 **MIAMI FL 33155**



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/23/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0197117	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PEREZ, JORGE A.	2332 SW 82ND CT	MIAMI FL
			100002346901--7 -11/13/97--01092--012 ****165.00 ****165.00
			UP 11-2-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PEREZ, JORGE A. 2332 SW 82ND CT MIAMI FL 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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.
 Signature of Registered Agent: *[Signature]* Date: 11-06-97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* Date: 11-06-97 Daytime Phone #: 305 267 8807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)

(2)

11/03/97

To Whom It May Concern:

Due to the fact that I never received a notice from your office requesting payment due on my corporation license I feel I should not be penalized for it. With regards to my conversation on 10/29/97 with Stacy at (805) 487-6059, this was explained and she stated to just fill out the application and send a check in the amount of \$165.00.

Sincerely,

Jorge A. Perez D.D.S. P.A.

A handwritten signature in black ink, appearing to read "Jorge A. Perez", with a long horizontal flourish extending to the right.