

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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~~CORPORATION REINSTATEMENT~~



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

00-01-192

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/05/01--01002--003
****300.00 ****300.00

SP

DOCUMENT # L67281

1. Corporation Name
Felix Jimenez DDS, P.A.

2. Principal Office Address
1402 Oakfield Drive

3. Mailing Office Address
1402 Oakfield Drive

Suite, Apt. #, etc.

City & State
Brandon FL

City & State
Brandon FL

Zip
33511

Zip
33511

4. Date Incorporated or Qualified To Do Business in Florida
April 19 1990

5. FEI Number
59-2096964

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
Felix Jimenez DDS PA

Street Address (P.O. Box Number is Not Acceptable)
1402 Oakfield Drive

Suite, Apt. #, Etc.

City
Brandon

State
FL

Zip Code
33511

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: Felix Jimenez
Date: 3/26/01
REGISTERED AGENT MUST SIGN

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
president	Felix Jimenez	1402 Oakfield Dr.	Brandon FL 33511

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: Felix Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/26/01
Daytime Phone #: 813-654-8772

CR2E081 (9/00)

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FELIX JIMENEZ, D.M.D., P.A.

March 26, 2001

To Whom It May Concern:

Please note that you have on your records/files that last years application was returned because it was mailed to the wrong address. A check for \$300.00 is enclosed per your request.

Thank you,

Felix Jimenez D.D.S., P.A.