PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINSTATEMEN	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L68602

1. Corporation Name

CRAIG H. TOVER, DDS, P.A.

Principal Place of Business

MED+PLEX 5458 TOWN CENTER ROAD. SUITE 18

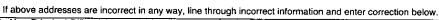
BOCA RATON FL 33486

Mailing Address

MED+PLEX

5458 TOWN CENTER ROAD. SUITE 18

BOCA RATON FL 33486



Att Long

FILED

02.0CT 25 PM 4:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA.

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		Address, If Applicable	3. New Mail	ing Office Ad	dress, If Applicable	Date Incorp To Do Busi	porated or Qualified ness in Florida	04/26/1990
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		5 5511		
City & Stat	e	-:	City & State		<u> </u>	5. FEI Numbe	65-0189193	Applied For
,			Only a state					Not Applicable
Zip	1	Country	Zip		Country	- 6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)		
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		ch	City / State / Zip		
PD	TOVER, C			WN CENTER RD.	N CENTER RD.		BOCA RATON FL	
ST	TOVER, CRAIG H. 54		5458 TOWN CENTER RD.		BOCA RATON FL			
		70				60 10/28/	0008605 0201034010	976) **150.00
						JQ.	10/37	
Name and Address of Current Registered Agent					9. Name and A	dares of New Register	ed Agent	
TOVER, CRAIG H. MED-PLEX BUILDING 5458 TOWN CENTER ROAD, SUITE 18 BOCA RATON FL 33486				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
10. I, being	appointed the	registered agent of the abo	ve named corpo	ration, am fa	miliar with and accept the o	obligations of Section	······································	
Signature of Registered	f Agent	CSIGNA	GISTERED AGE	P.F.	CIANSO SIGN	 	Date <u>(0, 2</u> -	ح - 0 <u>ک</u>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.5206

(561)367-1672

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ENDODONTICS

October 22,2002

To whom it may concern:

Please waive the reinstatment fee of \$750.00 as the two UBR notices were never received.

Enclosed please find the non-penalty filing fee for \$150.00. This corporation has been in existence for over 12 years and has never missed a regular deadline for filing. We will now be proactive in this regard even if notices are not received in the future.

Thank you for your understanding.

Sincerely,

Craig H. Tover D.D.S.

enc.