

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 OCT 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68602

1. Corporation Name

CRAIG H. TOVER, DDS, P.A.

Principal Place of Business

Mailing Address

MED + PLEX
5458 TOWN CENTER ROAD, SUITE 18
BOCA RATON FL 33486

MED + PLEX
5458 TOWN CENTER ROAD, SUITE 18
BOCA RATON FL 33486

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

04/26/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0189193

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PD	TOVER, CRAIG H.	5458 TOWN CENTER RD.	BOCA RATON FL
ST	TOVER, CRAIG H.	5458 TOWN CENTER RD.	BOCA RATON FL

600008605976
10/28/02--01034--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOVER, CRAIG H.
MED-PLEX BUILDING
5458 TOWN CENTER ROAD, SUITE 18
BOCA RATON FL 33486

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-22-02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

(861) 367-1672

Daytime Phone #

CR2E040 (8/02)

CRAIG H. TOVER, D.D.S., P.A.

ENDODONTICS

October 22, 2002

To whom it may concern:

Please waive the reinstatement 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.