

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 FEB 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71230

1. Corporation Name

KERRY D. SMITH, D.M.D., P.A.

Principal Place of Business

Mailing Address

% KERRY D. SMITH, D.M.D.
9757 NW 41 ST
MIAMI FL 33178

% KERRY D. SMITH, D.M.D.
9757 NW 41 ST
MIAMI FL 33178

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

05/08/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0192751

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SMITH, KERRY D., D.M.D.	1304 SW 102 AVE	MIAMI FL

800002096318--9
-02/25/97--01039--004
***\$40.00 ***\$40.00

REINSTATEMENT

96-97
Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, KERRY D., D.M.D.
9757 NW 41 ST
MIAMI FL 33178

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-14-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

Date

305 477-2601

Daytime Phone #

CR2E040 (7/96)

2-14-97

pg. 2 of 2

Dear Amy Alan:

Here is the check for reinstatement and for 1997's corporation fees. You spoke to me on the phone on 2-14-97. The check includes the late fee and ~~next~~ this years fee, as you directed me. You said it would be okay to use this old application for reinstatement.

Thank you,
K.S.

Kerry D Smith, DMD, PA

9757 NW 41st Street
Miami, FL 33178