

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

1998 DEC -4 PM 2:38
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L98682**

1. Corporation Name

WADE B. HARROUFF, D.D.S., P.A.

Principal Place of Business	Mailing Address
860 US HWY 1 SUITE 101 N PALM BEACH FL 33408	860 US HWY 1 SUITE 101 N PALM BEACH FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 5660 HOLLY LN Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 5660 Holly LN Suite, Apt. #, etc.
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458 Country US	Zip 33458 Country US

4. Date Incorporated or Qualified To Do Business in Florida 09/04/1990		
5. FEI Number 65-0217266	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

REINSTATEMENT '98



SCC 12-4-98

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
D	HARROUFF, WADE B.	860 US HWY 1 #101	N PALM BEACH FL

000002707890--6
 -12/09/98--01102--014
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HARROUFF, WADE B.
 860 US HWY 1
 SUITE 101
 N PALM BEACH FL 33408

9. Name and Address of New Registered Agent

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 *Waide Harrouff* **REQUIRED** Date 11-30-98
 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)(f), 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: *Waide Harrouff* **REQUIRED** **WADE HARROUFF** 11-30-98 561-745-1862
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/96)