

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

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

Not Applicable

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 (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

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

Waide B. Harrouff
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-30-98

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)(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

Waide B. Harrouff
WADE HARROUFF

Date

11-30-98

Daytime Phone #

561-745-1862

REINSTATEMENT

'98



SCC 12-4-98

1998 DEC -4 PM 2:38

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (9/96)