

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

DOCUMENT # **M03763**

1. Corporation Name

GARY M. NEWMAN, D.M.D., P.A.

Principal Place of Business

Mailing Address

2200 W. GLADES RD
SUITE 609
BOCA RATON FL 33431

2200 W. GLADES RD
SUITE 609
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1984

5. FEI Number

59-2432598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



600023768246
10/14/03--01002--028 **150.00

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
D	NEWMAN, GARY M., D.M.D.	2200 W. GLADES RD #609	BOCA RATON FL

8. Name and Address of Current Registered Agent

NEWMAN, GARY M., D.M.D.
2200 W. GLADES RD
SUITE 609
BOCA RATON FL 33431

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

Gary Newman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY NEWMAN

Date

10/8/03

561391450

Daytime Phone #

CR20040 (7/03)

GARY M. NEWMAN, D.M.D.

DOCTOR OF DENTAL MEDICINE

October 8, 2003

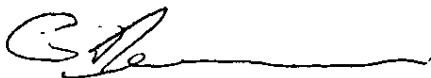
Florida Department of State
Glenda Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood:

I am surprised at the receipt of your form stating the dissolution or revocation of my corporation. We never received a renewal notice or warning of any kind. If your records indicate differently, please notify me of such.

Enclosed please find a check for the renewal fee of \$150.00. If you have further questions, please feel free to contact me.

Sincerely,



Gary M. Newman, D.M.D.

GMN/mr
Enc.