

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
93 AR  
DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M55623

1. Corporation Name

RICHARD A. GRANT, D.D.S., P.A.

Principal Place of Business

20215 NW 2ND AVE  
STE 2  
MIAMI FL 33169  
US

Mailing Address

20215 NW 2ND AVE  
STE 2  
MIAMI FL 33169  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1987

5. FEI Number

59-2839997

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	GRANT, RICHARD A.	20215 NW 2ND AVE	MIAMI FL

400002698324 3  
-12/01/98--01012--011  
\*\*\*158.75 \*\*\*158.75

8. Name and Address of Current Registered Agent

GRANT, RICHARD A., DDS  
838 N.W. 183RD ST  
MIAMI FL 33169

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

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/13/98

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]*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98  
Date

305) 652-3001  
Daytime Phone #

**RICHARD A. GRANT, D.D.S.**

*General, Cosmetic, Implant Dentistry*

11/13/98.

Dear Sir / madam

Pursuant to our telephone conversation November 11<sup>th</sup>, 1998 I am hereby enclosing a check for \$150. with my application for reinstatement. I am aware that it is my responsibility to file my corporation report on a timely basis as this corporation has been in existence for over 11 years. However, this responsibility may have been overlooked this year as I do not recall having received a renewal notice.

I regret any inconvenience that may have caused and again thank you for your kind consideration in waiving the fees.