

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M85445

1 Corporation Name

Edmund E. RAHAL, D.M.D., P.A.

Principal Place of Business

Mailing Address

3646 Lithia Pinecrest Rd.
VALRICO, FL 33594

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

6-9-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

59-2251481

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Edmund E. RAHAL	3646 Lithia Pinecrest Rd	VALRICO FL 33594
			100003051561-2 -11/22/99--01117--021 ****150.00 ****150.00

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

Name

Edmund E. RAHAL

Street Address (P.O. Box Number is Not Acceptable)

3646 Lithia Pinecrest Rd

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

Edmund E. Rahal

REGISTERED AGENT MUST SIGN

Date

11-8-99

11 This corporation owes 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:

Edmund E. Rahal (Edmund E. RAHAL, D.M.D.) 11-8-99 (813) 654-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ED RAHAL, D.M.D., P.A.

Family Dentistry

November 9, 1999

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Application for Reinstatement
FEI # 59-2251481
Edmund E. Rahal, D.M.D.

To Whom It May Concern:

I recently received a phone call from the previously listed agent, who has in the past handled the report fee, stating he just received notice from your office that the above mentioned corporation would have to file for reinstatement. This agent informed me he had not received any previous correspondence regarding this matter. I immediately called your offices to see what action I would take to repair the damage. Ms. Sprather stated I could complete a reinstatement form. I was very concerned that the agent on my behalf may not have followed through with his obligations, and so I inquired if I might change the registered agent enabling me to receive all correspondence and avoiding any future delays. I really do not know what could have possibly happened to the correspondence from your office, but I hope this reinstatement application will eliminate any future problems.

Thank you for your assistance with this matter. Please feel free to contact me at 813-654-3399, if you have any questions.

Very Truly Yours,



Edmund E. Rahal