

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 24 AM 10:02

DOCUMENT # N04000001210

1. Corporation Name

The Association of the Alumni and Friends of the Nova Southeastern University Postgraduate Endodontic Program, Inc.

2. Principal Office Address - No P.O. Box #

3200 South University Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33328-2018

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

4. Date Incorporated or Qualified

To Do Business in Florida 02/04/2004

5. FEI Number

35-2223985

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Kenneth Namerow

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

Nova Southeastern University, 3200 South University Drive

Suite, Apt. #, Etc.

Room 7335

City

Ft. Lauderdale

State

FL

Zip Code

33328-2018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date June 21, 2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Dr. Taras Roud	3319 State Rd. 7, Suite 315	Wellington, FL 33449
V/S	Dr. Douglas Herrera	1850 S. Ocean Dr., Unit 3308	Hallandale Beach, FL 33009
T	Dr. Joel Slingbaum	2221N. University Dr., Suite D	Pembroke Pines, FL 33024
D	Dr. Kenneth Namerow	NSU CDM, 3200 S. University Drive, Room 7335	Ft. Lauderdale, FL 33328-2018
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10. E-mail Address: knamerow@nova.edu

(To be used for future annual report notification)

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. I further certify, 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: Kenneth N. Namerow, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 21, 2010 954-262-7326

Date

Daytime Phone #