PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

01 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 PM 7:14

DOCUMENT # P00000008906

1. Corporation Name

ANA MARIA CAMAROTTI, D.M.D., P.A.

Principal Place of Business	Mailing Address
714 SOUTH STREET KEY WEST FL 33040	714 SOUTH STREET KEY WEST FL 33040

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: 01/27/2000

5. FEI Number: 650977698 ☐ 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	4 City / State / Zip
D	CAMAROTTI, ANA MARIA	714 SOUTH STREET	KEY WEST FL 33040

100004654651--0
-10/26/01--01032--027
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAMAROTTI, ANA MARIA 714 SOUTH STREET KEY WEST FL 33040	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

AD

Signature of Registered Agent: SIGNATURE REQUIRED Ana Maria Camarotti, D.M.D., Pres. Date: 10-11-01
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: SIGNATURE REQUIRED Ana Maria Camarotti, D.M.D., Pres. Ana Maria Camarotti 10-11-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ana Maria Camarotti, D.M.D., P.A.

11 October 2001

To whom it may concern:

This letter is to inform you that except for this notice I received today I have never received any renewal notice for the year 2001. Upon inquiring about this your personnel informed me that 2 notices were previously mailed to my office. I personally review my mail and no such notices have been received.

Please accept my apologies and waive my late fees. I have been in business for a year and a half and the penalty fee of $750.00 is difficult to handle at this time.

Enclosed you will find a check in the amount of $150.00. Thanking you in advance for your consideration, I remain

Sincerely,

Ana Maria Camarotti, D.M.D.

714 South Street, Key West, Fl. 33040
Tel: 305-294-7767 • Fax: 305-294-7871