

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

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

714 SOUTH STREET
KEY WEST FL 33040

Mailing Address

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

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

CAMAROTTI, ANA MARIA
714 SOUTH STREET
KEY WEST FL 33040

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

Ana Maria Camarotti, D.M.D., P.A.
REGISTERED AGENT MUST SIGN

Date 10-11-01

AD

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:

Ana Maria Camarotti, D.M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Maria Camarotti 10-11-01

Date

Daytime Phone #

CR2040 (8/01)



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

11 October 2001

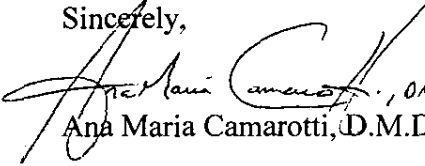
To whom it may concern:

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.