

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

03 APR 15 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100927

1. Corporation Name

M.L. GUZMAN, DDS P.A.

500015495395
04/09/03--01011--003 **300.00

2. Principal Office Address

15270 SW 49TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

15270 SW 49TH ST.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33027

Country

USA

City & State

MIRAMAR FL

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2000

5. FEI Number

650595159

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

GUZMAN, MARIA

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

15270 SW 49TH ST.

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

M. Guzman

REGISTERED AGENT MUST SIGN

Date

4/4/03

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
PSTD	GUZMAN, MARIA	15270 SW 49TH ST.	MIRAMAR, FL 33027

10. 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:

M. Guzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/04/03

Daytime Phone #

02 4/15



**SZCZEPKOWSKI -
ARTLEY, P.A.**

Certified Public Accountant

April 4, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of M.L. GUZMAN, DDS P.A.
Document # P00000100927

To Whom It May Concern:

Enclosed, please find the application for Reinstatement for **M.L. GUZMAN, DDS P.A.** along with a check for the current (2003) and prior year (2002) annual report fees.

Based upon a recent discussion with one of your representatives, we were informed that it might be possible to abate the \$600 penalty upon written request with reasonable cause for late filing.

The company would like to request an abatement of the \$600 penalty. The reasonable cause for this request is that during 2002 the president of the corporation was hospitalized for a significant period of time. As a result, the president of the company retained an attorney to handle her corporate matters. However, the attorney failed to file the annual report and did not inform the president of the correspondence from the Dept. of State regarding dissolution or late filing. These documents were recently found in the papers that were retrieved from the attorney. As a result, the president of the company is currently taking action to reinstate the corporation and has enclosed the required form with this letter.

Thus, the company is requesting an abatement of the \$600 reinstatement penalty/fee since the corporation relied upon a paid professional to handle the filing of the annual report and since that paid professional negligently failed to perform the hired tasks.

Thank you in advance for your attention to this matter. Please do not hesitate to contact me at 954-927-0807 if you have any questions, or if I may be of further assistance on behalf of my client.

Very truly yours,

Doris Szczepkowski, CPA