

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 28 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109328

1. Corporation Name

DR. CRAIG MESKIN, D.D.S., P.A.

2. Principal Office Address

7426 WILES ROAD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

3. Mailing Office Address

7426 WILES ROAD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/00

5. FEI Number

65-1055868

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

CRAIG E MESKIN

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

10724 BUTTONWOOD LAKE DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON,

State

FL

Zip Code

33498

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

REGISTERED AGENT MUST SIGN

Date

2/8/02

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/S/T/D	CRAIG MESKIN DDS	7426 WILES ROAD	CORAL SPRINGS, FL 33067

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: 

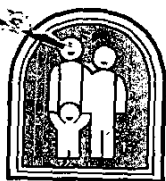
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/02

Daytime Phone #

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Craig E. Meskin, D.D.S., P.A.

Gentle Family Dentistry

"Where we treat you like a member of our family."

- Cosmetic Bonding
- Bleaching
- Veneers
- Implants
- Non-Surgical Gentle Gum Treatments
- Crowns and Bridges
- Modern Root Canal Techniques
- Air Abrasion Drill-less Dentistry
- Extractions
- Cosmetic Fillings
- Full and Partial Dentures
- Sealants and Fluoride Treatments

Dear Mr. Scott:—

AS per our conversation, I never received any notification in the MAIL about renewal of my corporation license. Therefore, I would like the reinstatement fee waived. Enclosed is a check for my 2008 reinstatement for \$300

Dr. Craig Meskin
[Signature] D.D.S.