

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500008755545  
11/01/02--01038--017 \*\*758.75

DOCUMENT # P01000007592

1. Corporation Name

EROS S. CHAVES, D.M.D., M.S., P.A.

Principal Place of Business

703 OCEAN DUNES CIRCLE  
JUPITER FL 33477

Mailing Address

703 OCEAN DUNES CIRCLE  
JUPITER FL 33477

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14155 U.S. Hwy One

Suite, Apt. #, etc.

Suite 302

City & State

Juno Beach, FL

Zip

33408

Country

U.S.A.

3. New Mailing Office Address, If Applicable

14155 U.S. Hwy One

Suite, Apt. #, etc.

Suite 302

City & State

Juno Beach, FL

Zip

33408

Country

U.S.A.

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2001

5. FEI Number

65-1078167

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, P	CHAVES, EROS S	<del>703 OCEAN DUNES CIRCLE</del> 14155 U.S. Hwy One, Ste 302	<del>JUPITER FL 33477</del> Juno Beach, FL 33408

8. Name and Address of Current Registered Agent

GILLESPIE, KENNETH

~~13205 US HWY 1 STE 502~~

~~JUNO BEACH FL 33408~~

9. Name and Address of New Registered Agent

Name

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

721 U.S. Highway One

Suite, Apt. #, Etc.

Suite 121

City

NORTH PALM BEACH

State

FL

Zip Code

33408-4519

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kenneth Gillespie*  
REGISTERED AGENT MUST SIGN

Date October 28, 2002

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:

*Kenneth Gillespie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 28, 2002 561 799 9925  
Date Daytime Phone #

CR2E040 (8/02)