

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013080

1. Corporation Name

THOMAS J. DWORK, P.A.

Principal Place of Business

THREE PALMS CENTER  
2151 ALTERNATE A1A SOUTH SUITE #1300  
JUPITER FL 33477

Mailing Address

THREE PALMS CENTER  
2151 ALTERNATE A1A SOUTH SUITE #1300  
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

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

02/05/2001

5. FEI Number

65-1076906

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	DWORK, THOMAS J	2151 ALTERNATE A1A SOUTH SUITE #	JUPITER FL 33477

608088790506

11/04/02--01096--020 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

KAUFMAN, DANA M  
4700 SHERIDAN STREET  
BUILDING N  
HOLLYWOOD FL 33021

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Handwritten signature of Dana M. Kaufman*

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

*Handwritten signature of Thomas J. Dwork*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-575-5575

CR2E040 (8/02)



**AESTHETIC  
DENTAL**  
OF JUPITER

Mr. Jim Smith  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Mr. Smith,

I am writing to inform you that I am submitting the application for reinstatement for my corporation along with the appropriate UBR filing fee. I did not receive the 2 prior UBR notices so that I did not submit the 2002 corporation annual report/uniform business report form and required fee in a timely manner.

As soon as I received the notice of administrative dissolution, I called my accountant who informed me to submit the application and pay the annual report fee of \$150. Please waive the reinstatement fee since I did not receive the 2 other UBR forms. I appreciate your consideration in this matter.

Sincerely,

Dr. Thomas J. Dwork

**DR. THOMAS J. DWORK**  
Prosthodontist

Three Palms Center • 2151 Alternate A1A South • Suite 1300  
Jupiter, Florida 33477 • (561) 575-5599