## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE

## Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000042836

1. Corporation Name

BENJAMIN E. FIRST, D.M.D., P.A.

Principal Place of Business

Mailing Address

6906 MADISON STREET

CHITE 2

**SIGNATURE:** 

NEW PORT RICHEY FL 34652

6906 MADISON STREET

SUITE 2

NEW PORT RICHEY FL 34652

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



Daytime Phone #

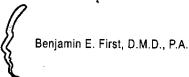
If above	addresses are incorrect in any way, line t	hrough incorrect	information a	nd enter correction below.					
2. New Pr	rincipal Office Address, If Applicable	3. New Mai	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/27/2001			
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.			/	1 1		
City & Stat	to .	City & State	City & State		5. FEI Number Applied For Not Applied For				
City & Stat	le .	Oily & Giale							
Zip	Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee for a Certificate of		
7. Names	and Street Addresses of Each Officer an	d/or Director (Fl	lorida nonprof	it corporations must list at l	east 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zin				
D	FIRST, BENJAMIN E			RNWOOD COURT	SÆZ	PALM HAPBOR FL 3 New Bort R	1685 ichey FE	3485	
		····							
					10/25/	00000858 0201008010	#1536 **150.00	all may	
				Miole	9				
	8. Name and Address of Curren	t Registered Ag	jent		9. Name and	Address of New Register	ed Agent		
`				Name		1 1 7	<del></del>		
FORMAN, ROBERT S ESQ.				1		your E. Firs			
2101 WEST COMMERCIAL BOULEVARD				Street Address (P.O. Box Number is Not Accept			4-37	١٤	
SUITE	4100			Suite, Apt. #, Et			•		
FORT	LAUDERDALE FL 33309		City Mr.	Bort 1	light s	tate Zip Code	)		
10. I, bein	g appointed the registered agent of the al	oove named corp	ooration, am fa	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.0	<del></del>		
Signature ( Registered	Agent	TUPE REGISTERED AG	GENT MUST	QUIRED		Date 10/2	,/or		
	r that I am an officer or director or the rec estatement application, the reason for dis								

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Associates In Oral & Facial Surgery



October 22, 2002

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl 32314-6327

To Whom It May Concern:

We are in receipt of a notice of administrative dissolution or revocation. At this time we are requesting to be reinstated. Enclosed please find our check for the UBR filing fee. We request that the reinstatement fee not be assessed as we did not receive two prior UBR notices, as our business has only been established for 6 months.

Respectfully,

Benjamin E. First, D.M.D., P.A.

BEF/dh