

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042836

1. Corporation Name

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

Principal Place of Business

6906 MADISON STREET
SUITE 2
NEW PORT RICHEY FL 34652

Mailing Address

6906 MADISON STREET
SUITE 2
NEW PORT RICHEY FL 34652

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

04/27/2001

5. FEI Number

59-3744330

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	FIRST, BENJAMIN E	4916 KERNWOOD COURT 6906 Madison St. STE 2	PALM HARBOR FL 34685 New Port Richey FL 34652

600008581536
10/25/02--01008--010 **150.00

DR 10/29

8. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BOULEVARD
SUITE 4100
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name Benjamin E. First
Street Address (P.O. Box Number is Not Acceptable)
6906 Madison St. STE 2
Suite, Apt. #, Etc.
City New Port Richey State FL Zip Code 34652

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 722-849-8100

CFR2040 (8/02)

Associates In Oral & Facial Surgery

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

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