

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9:42

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088125

1. Corporation Name

JOHN H. QUIRK, D.D.S., P.A.

Principal Place of Business

544 JOHN RINGLING BLVD.
SARASOTA FL 34239

Mailing Address

544 JOHN RINGLING BLVD.
SARASOTA FL 34239

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

09/07/2001

5. FEI Number

65-1136415

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	QUIRK, JOHN H D.D.S.	544 JOHN RINGLING BLVD.	SARASOTA FL 34239

100009488351
12/12/02--01058--005 ***150.00

8. Name and Address of Current Registered Agent

SHEA, JOHN J
2940 SOUTH TAMAMI TRAIL
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

John H. QUIRK

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

544 John Ringling Blvd

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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

REGISTERED AGENT MUST SIGN

Date 12-10-02

I, 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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-02 941 3884114

SUPLEE & SHEA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

T. Raymond Suplee, CPA
Norman J. Shea, III, CPA
Thomas R. Cramer, CPA
Joseph E. Rocklein, III, CPA

December 5, 2002

Division of Corporations
Annual Reports Filings
P. O. Box 6327
Tallahassee, FL 32314-6327

RE: John H. Quirk, D.D.S., P.A.
Document #P01000088125

Dear Sir or Madam:

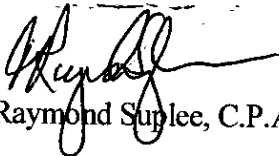
Enclosed please find the signed 2002 For Profit Corporation Annual Report referenced above along with a check in the amount of \$150. Please note the following:

1. The late filing of the report was an oversight. The organization did not receive the original corporate annual report renewal. As soon as this error was realized, the taxpayer immediately prepared the report.
2. There was no willful intent not to timely file the report or to avoid paying the filing fee.

In lieu of the above, we respectfully request that you abate the late filing penalty and accept this form as having been timely filed.

Thank you for your consideration in this matter. Should you need any additional information, please do not hesitate to contact me.

Sincerely,

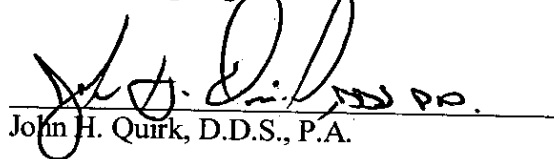


T. Raymond Suplee, C.P.A.

TRS/kf

enc.

I have read the above and am in agreement
with the foregoing statements:


John H. Quirk, D.D.S., P.A.