

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION
FOR
REINSTATEMENT



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

FILED

DEC 27 2001 8:02

RECEIVED STATE

DOCUMENT # P01000089031

1. Corporation Name

DENTISTRY BY ATTAR, P.A.

Principal Place of Business

101 EAST KENNEDY BLVD., STE. 300
TAMPA FL 33602

Mailing Address

101 EAST KENNEDY BLVD., STE. 300
TAMPA FL 33602



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

09/06/2001

5. FEI Number

59-3747621

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	ATTAR, HEIDI	345 BAYSHORE BLVD., #GP05	TAMPA FL 33606

000009719370
12/27/02--01067--005 **150.00

8. Name and Address of Current Registered Agent

JAMES, GEORGE R ESQ.
4230 S. MACDILL AVE., STE. K
TAMPA FL 33611

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-14-02

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 #

CR2E040 (8/02)



please do not remove 2

HEIDI S. ATTAR, D.D.S.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing to request the reinstatement of this corporation and the waiving of the reinstatement fee. I never received the first or second requests of the Uniform Business Report. I believe that they might have been mailed to my attorney's office and never forwarded to my office. I just formed this corporation late last year, and was not aware of this annual filing. I certainly would have filed the report and paid the fee on time had I received the forms. Since I did receive the Notice of Administrative Dissolution, I assume that you have already updated our mailing address and that I will receive the Uniform Business Report for 2003 on time this coming year.

Thank you for your prompt consideration in this matter.

Sincerely,

Heidi S. Attar, D.D.S.
President