

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ATTAR, HEIDI	345 BAYSHORE BLVD., #GP05	TAMPA FL 33606
		101 E. Kennedy Blvd, Suite 300 Tampa	Tampa, FL 33602

800024329718
10/31/03--01028--004 **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

Gramling + Hays

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

9205 Connecticut Rd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33687

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 (813) 223-5677

CR2E040 (7/03)



HEIDI S. ATTAR, D.D.S.

October 27, 2003

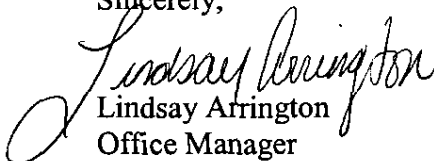
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Application for Reinstatement

To Whom It May Concern:

The application that was received in October was the first application of reinstatement that our office received. In the previous year this same incident occurred, accusing Dentistry by Attar, P.A. of not filing in a timely manner and charging us with enormous fees. Dentistry by Attar, P.A. would file in a timely manner if the applications were received. If you could please take a moment to look over our file and confirm the mailing address you have is in deed the address where these applications are being sent it would be greatly appreciated. A check is enclosed in the amount of \$175.00. If you should have any questions or require any additional information, please do not hesitate to contact our office.

Sincerely,


Lindsay Arrington
Office Manager