

(H03000325366 3)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 26 AM 10 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000109241

1. Corporation Name

WEST PARK VILLAGE DENTAL ASSOCIATES, INC.

Principal Place of Business

9914 W. LINEBAUGH AVENUE
UNITS 16-17
TAMPA FL 33626

Mailing Address

9914 W. LINEBAUGH AVENUE
UNITS 16-17
TAMPA FL 33626

If above addresses are incorrect in any way, file 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

11/18/2001

5. FEI Number

59-8758266

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐\$0.75 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	RAFEAN, SIAMAK	9914 W. LINEBAUGH AVENUE #16-17	TAMPA FL 33626

901023855569
10/16/03-01050-014 **150.00

8. Name and Address of Current Registered Agent

RAFEAN, SIAMAK
9914 W. LINEBAUGH AVENUE
UNITS 16-17
TAMPA FL 33626

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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

10/16/03

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

Please note that pursuant to the attached letter, the State is holding \$150.00 and this corporation only owes \$600.00 to reinstate.

CORPORATION REINSTATEMENT
WEST PARK VILLAGE DENTAL ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$750.00

→ \$600.00

Electronic Filing Menu

Corporate Filing

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