

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV 15 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117811

1. Corporation Name

ROBERT H. BARR, D.M.D., P.A.

Principal Place of Business

5307 PIMLICO DR.
TALLAHASSEE FL 32312

Mailing Address

5307 PIMLICO DR.
TALLAHASSEE FL 32312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2808 Remington Green Circle N.
Suite, Apt. #, etc. Suite 100

City & State

Tallahassee, FL

Zip Country
32308 Leon

3. New Mailing Office Address, If Applicable

2808 Remington Green Circle N.
Suite, Apt. #, etc. Suite 100

City & State

Tallahassee FL

Zip Country
32308 Leon

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

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	BARR, ROBERT H	5307 PIMLICO DR. 2103 Randolph Circle West	TALLAHASSEE FL 32312 32308

8. Name and Address of Current Registered Agent

BARR, ROBERT H
5307 PIMLICO DR. 2103 Randolph Circle West
TALLAHASSEE FL 32312
32308

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 11/12/02

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

11/14/02

850/383-0022

Date

Daytime Phone #

CR2E040 (8/02)

Robert H. Barr, D.M.D.
2808 N. Remington Green Circle Suite 100
Tallahassee, FL. 32308
(850) 383-0022

APPLICATION FOR REINSTATEMENT

To Whome It May Concern:

*Please consider for reinstatement the corporation, Robert H. Barr, D.M.D., P.A.
I certify that the corporation did not receive notification of failure to file until after the
deadline. I assume that notification was sent to my prior address and was not forwarded. The
corporation's new address is as follows:*

*Robert H. Barr, D.M.D., P.A.
2808 Remington Green Circle North
Suite 100
Tallahassee, FL 32308*

Thank you for your consideration.

Sincerely,



Robert H. Barr, President