

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -7 PM 3:31

DOCUMENT # P01000120859

1. Corporation Name

Patricia A. Sullivan, D.M.D., P.A.

2. Principal Office Address - No P.O. Box #

3720 NW 43rd Street

Suite, Apt. #, etc.

Suite 102

City & State

Gainesville, FL

Zip

32606

Country

USA

3. Mailing Office Address

3720 NW 43rd Street

Suite, Apt. #, etc.

Suite 102

City & State

Gainesville, FL

Zip

32606

Country

USA

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/2001

5. FEI Number
04-3602246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia A. Sullivan, D.M.D.

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

3720 NW 43rd Street

Suite, Apt. #, Etc.

Suite 102

City

Gainesville

State

FL

Zip Code

32606

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/27/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Patricia A. Sullivan, D.M.D.	3720 NW 43rd Street	Gainesville, FL 32606

REINSTATEMENT

B 4/7/08
05-68

600121546096
03/28/08--01041--005 **342.50

600121546096
04/17/08--01012--010 **266.25

10. 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 contained in Chapter 119, 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

PATRICIA A. SULLIVAN

Date

3/27/08

Daytime Phone #