

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000121301

1. Corporation Name

ERIC MOHR DMD, P.A.

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

9870 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

Zip

33328

Country

BROWARD

3. Mailing Office Address

9870 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

Zip

33328

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

5. FEI Number

80-0009415

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

JOEL FRIEND AND ASSOCIATES, INC.

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

2863 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 105

City

WESTON

State

FL

Zip Code

33331

☒ 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

Joel Friend

REGISTERED AGENT MUST SIGN

Date 03/23/10

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
P,D	ERIC MOHR	6320 NE 15TH AVENUE	FT. LAUDERDALE, FL 33334

10. E-mail Address: ericmohr@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Eric Mohr

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/10

Date

954-474-8977

Daytime Phone #

FILED

10 MAR 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 08-10