

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POZ000014965

1. Corporation Name

CITRUS PARK ENDOPONTICS

2. Principal Office Address

6526 GUNN HWY

Suite, Apt. #, etc.

3. Mailing Office Address

6526 GUNN HWY

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA, FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/02

5. FEI Number

020546786

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

MICHAEL G. LITTLE

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

911 CHESTNUT STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

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

Michael G. Little

REGISTERED AGENT MUST SIGN

Date 11/24/03

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
<u>DR.</u>	<u>DENNIS DEMIRJIAN</u>	<u>6526 GUNN HWY</u>	<u>TAMPA, FL 33625</u>

REINSTATEMENT 03

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 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

DENNIS DEMIRJIAN, DRD

Date

11/24/03

Daytime Phone #

873-