

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # P02000040886

1. Corporation Name

JOSE I. GARRI, M.D., D.M.D., P.A.

REINSTATEMENT 03



900024051099  
10/23/03--01062--010 \*\*150.00 MRB

Principal Place of Business Mailing Address  
1100 WEST AVENUE #1620 MIAMI BEACH FL 33139  
1100 WEST AVENUE #1620 MIAMI BEACH FL 33139

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

2. New Principal Office Address, if Applicable  
3. New Mailing Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 04/16/2002  
5. FEI Number 010671642 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GARRI, JOSE I	1100 WEST AVENUE #1620	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARRI, JOSE I  
1100 WEST AVENUE #1620  
MIAMI BEACH FL 33139

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 Jose Garrin Date 10/15/03  
REGISTERED AGENT MUST SIGN

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: Jose Garrin Date 10/15/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED040 (7/03)

October 15, 2003

To whom it may concern:

Please accept my fee of \$150.00 to reinstate my corporation. I did not receive the two prior uniform business report notices. I moved to California temporarily for an academic fellowship.

Thank you for your assistance.

  
Dr. Joe Garri