

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

03 OCT 15 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000047778**

1. Corporation Name

JOHN D. ZONGKER, DDS, P.A.

Principal Place of Business

Mailing Address

9770 BAYMEADOWS ROAD SUITE 113
JACKSONVILLE FL 32256

9770 BAYMEADOWS ROAD SUITE 113
JACKSONVILLE FL 32256



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0592914

Not Applicable

Zip

Country

Zip

Country

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	ZONGKER, JOHN D DDS	9770 BAYMEADOWS ROAD SUITE 113	JACKSONVILLE FL 32256

700023819307
10/15/03--01056--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZONGKER, JOHN D DDS
9770 BAYMEADOWS ROAD SUITE 113
JACKSONVILLE FL 32256

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

John D. Zongker
John D. Zongker
REGISTERED AGENT MUST SIGN

Date **10-9-03**

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:

John D. Zongker
John D. Zongker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03

904
636-8999

CR20040 (7/03)

JOHN D. ZONGKER, D.D.S.

 American Association of Endodontics

9770 BAYMEADOWS RD. SUITE 113
JACKSONVILLE, FLORIDA 32256
(904) 636-8999

October 10, 2003

To Whom It May Concern:

I received a notice of reinstatement from your office on Monday October 6, 2003. As a first year corporation I was not aware that I should receive a notice to re-file so I was not alert to the need to call your office or even who to call to re-file the corporation. I am asking you to forgive any penalties and please reinstate this corporation. I feel that there may have been a problem with some of the first time corporations receiving the mailings.

The reason I have this belief is that my wife has a non-profit ministry corporation, Wisdom & Heart and she just received this same notice yesterday Thursday, October 9, 2003. This was her first notice also.

At this time I am only dealing with the reinstatement of my corporation, the corporation, John D. Zongker DDS.

I thank you for your kindness in giving favor in helping me with this situation.

Most Sincerely,


John D. Zongker D.D.S.