

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000053123

1. Corporation Name

BRESSER DENTAL CARE, P.A.

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

2828 S. McCall Rd.

Suite, Apt. #, etc.

STE # 24

City & State

ENGLEWOOD, FL

Zip

34224

Country

USA

3. Mailing Office Address

2828 S. McCall Rd.

Suite, Apt. #, etc.

STE # 24

City & State

ENGLEWOOD, FL

Zip

34224

Country

USA

7. Name and Address of Current Registered Agent

Name

ARTHUR R. BRESSER

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

2828 S. McCall Rd.

Suite, Apt. #, Etc.

STE # 24

City

ENGLEWOOD

State

FL

Zip Code

34224

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

Arthur R. Bresser

REGISTERED AGENT MUST SIGN

Date OCT 30-08

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
PRESIDENT	ARTHUR R. BRESSER	5450 EAGLES POINT CIRCLE # 401	SARASOTA, FL 34231

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:

Arthur R. Bresser
ARTHUR R. BRESSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 30-08

Daytime Phone #

941 474-2223

FILED

08 NOV -6 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600137710396
11/06/08--01033--013 **300.00

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/2002

5. FEI Number

04-3664143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.