

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 NOV 19 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000116215**

1. Corporation Name

NIGEL D. GRANDISON, DMD, PA

Principal Place of Business

Mailing Address

**3201 SW 187TH TERRACE
MIRAMAR FL 33021**

**3201 SW 187TH TERRACE
MIRAMAR FL 33021**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

10/29/2002

5. FEI Number

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GRANDISON, NIGEL D	3201 SW 187TH TERRACE	MIRAMAR FL 33021

600024862506
11/19/03--01065--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GRANDISON, NIGEL D
3201 SW 187TH TERRACE
MIRAMAR FL 33021**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-16-03**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-03

Date

(954) 916-9060

Daytime Phone #

CR2E040 (7/03)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: NIGEL D. GRANDISON, DMD, PA

Document Number: P02000116215

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
19th day of September, 2003.



Glenda E. Hood

Glenda E. Hood
Secretary of State

KidsCare Dental
of Plantation

Nigel Grandison, D.M.D.
Pediatric Dentist

Nigel Grandison, D.M.D.

November 3, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Nigel D. Grandison, DMD, PA
Form: UBR-1
Period: 2003

Dear Sir or Madam:

Attached please find the completed application for reinstatement of the above-mentioned corporation along with the appropriate UBR filing fees.

Please be advised, we did not receive the two prior UBR notices and therefore we respectfully request the reinstatement fee be waived.

Please contact me with any further questions regarding this matter.

Very truly yours,



Nigel D. Grandison
President

Cc: Jay Shapiro & Assoc's, PA