

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 21 AM 10:12


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800024898728
11/21/03--01010--002 **158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000128561
1. Entity Name
RONALD OKLIN, D.D.S., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6805 PEMBROKE ROAD
Suite, Apt. #, etc.

3. Mailing Address
6805 PEMBROKE ROAD
Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

Zip
33023

Country
U.S.A.

Zip
33023

Country
U.S.A.

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DR. RONALD OKLIN

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

6805 PEMBROKE ROAD

City HOLLYWOOD FL Zip Code 33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dr. Ronald Oklin* DR. RONALD OKLIN 11/07/03

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D DR. RONALD OKLIN 6805 PEMBROKE RD HOLLYWOOD FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Ronald Oklin* DR. RONALD OKLIN, PRES. 11/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

CONFIDENTIAL

November 6, 2003

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **RONALD OKLIN, D.D.S., P.A.**
Charter# P02000128561

To Whom It May Concern:

The taxpayer and I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. The taxpayer has no recollection of ever receiving their annual notice. Ronald Oklin, D.D.S., P.A. is deeply sorrowful for allowing their corporation to fall into the status of being Administratively Dissolved and thus we ask of your consideration in accepting their apology.

Upon the realization of my client's status with the state of Florida, I stressed the importance of this annual filing and made my client aware of its purposes. Now that the taxpayer is mindful of this required annual filing, taxpayer will file on a timely basis.

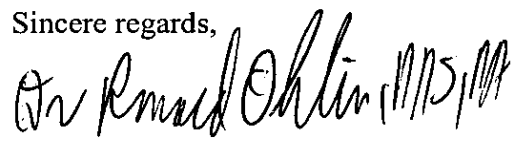
Enclosed you will find the taxpayer's payment of \$158.75 for their 2003 Uniform Business Report. Under these circumstances, we once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

If you have any questions or would like further explanation or documentation please do not hesitate phone me @ 954-704-1040 or 954-682-1120.

Sincere regards,


Joel Friend, MAcc/Professor
Joel Friend & Associates, Inc.

Sincere regards,


Dr. Ronald Oklin
Ronald Oklin, D.D.S., P.A.

www.joelfriend.com
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Pembroke Pines, Florida 33029
Tel: 954-704-1040 • Fax: 954-919-7001