

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

112

06 JUL 21 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000117372

1. Corporation Name



Edwin F. Johary, D.D.S., P.A.
1831 NW 13th St. Suite 4, Gainesville, FL 32609
Phone 352.377.0360 Fax 352.377.4597

2. Principal Office Address

1831 NW 13th St.

Suite, Apt. #, etc.

Suite 4

City & State

Gainesville, FL

Zip

32609

Country

Alachua

3. Mailing Office Address

2245 NW 4th Pl.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32603

Country

Alachua

REINSTATEMENT
ORZ001 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2003

5. FEI Number

80-0082657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edwin F. Johary

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

2245 NW 4th Pl.

Suite, Apt. #, Etc.

City

Gainesville, FL

State

FL

Zip Code

32603

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/18/06

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
owner dentist	Edwin F. Johary	2245 NW 4th Pl.	Gainesville, FL 32603

100078068121
07/27/06--01050--013 **450.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06 377-0360
Date Time Phone #

7/26/06

2/2



Edwin F. Johary, D.D.S., P.A.

1831 NW 13th St. Suite 4, Gainesville, FL 32609
Phone 352.377.0360 Fax 352.377.4597

July 18, 2006

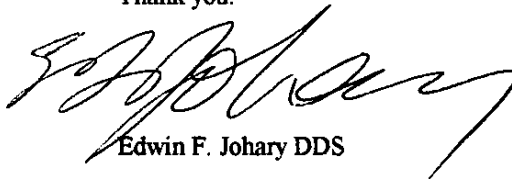
To: Department of State
Divisions of Corporations

From: Edwin F. Johary DDS, PA

Re: Corporate Reinstatement

I have been doing business under this corporation since winter 2003. Renewal notice for this corporation was never received and the corporation has dissolved, although we are very much still in business. I did receive the renewal notice for my two other companies; however, this corporation's renewal notice was never received. I spoke with someone in your office who instructed me on the course of action. Enclosed is a cashier's check in the amount of \$450 and the completed Corp Reinstatement application. I request the late fees be waived in light of the fact that the renewal notice was never received. My home and Business addresses have been included on the reinstatement application.

Thank you.



Edwin F. Johary DDS