

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000104116

1. Corporation Name

SCOTT J. AZARI, D.M.D, P.A.

500139064045
01/05/09--01064--022 **308.75

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

109 CASA GRANDE CT

Suite, Apt. #, etc.

3. Mailing Office Address

109 CASA GRANDE CT

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

7. Name and Address of Current Registered Agent

Name

SCOTT J. AZARI, DMD

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

109 CASA GRANDE CT

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 26, 2005

5. FEI Number

01-0840900

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.

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

REGISTERED AGENT MUST SIGN

Date

12/11/08

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
D	SCOTT J. AZARI, DMD	109 CASA GRANDE CT	P. B. GARDENS, FL 33418

500139064045
12/16/08--01023--006 **150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/08

(561) 236-5881
Daytime Phone #

SCOTT J. AZARI DMD