

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000038743

1. Corporation Name

Johns Creek Family and Cosmetic
Dentistry, P.A.

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

113 Nature Walk Parkway

Suite, Apt. #, etc.

Suite #108

City & State

St. Augustine, FL

Zip

32092

Country

US

3. Mailing Office Address

P.O. Box 600144

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32260

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2007

5. FEI Number

26-0539234

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

Benjamin Joseph, Jr.

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

113 Nature Walk Parkway

Suite, Apt. #, Etc.

Suite #108

City

St. Augustine

State

FL

Zip Code

32092

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Benjamin Joseph, Jr.

REGISTERED AGENT MUST SIGN

Date 04/28/2010

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
PVST	Benjamin Joseph, Jr.	P.O. Box 600144	Jacksonville / FL / 32260

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Benjamin Joseph, Jr. Benjamin Joseph, Jr. 04/28/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/10