FROM : FAX NO. :

Jun. 18 2013 09:32AM P2

CR81 - cr2e081.pdf http://form.sunbiz.org/pdf/cr2e081.pdf

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUN 24 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024400

1. Corporation Name
LAWRENCE A. TARN, D.D.S., P.A

REINSTATEMENT
CR2E081 (11/10) 10-13

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
701 S INDIANA AVE	701 S INDIANA AVE
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State: ENGLEWOOD	City & State: ENGLEWOOD
Zip: 34223 County: SARASOTA	Zip: 34223 County: SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/93

5. FEI Number: 65-0318849 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: LAWRENCE A. TARN
Street Address (P.O. Box Number is Not Acceptable): 701 S INDIANA AVE
Street, Apt. #, etc.
City: ENGLEWOOD State: FL Zip Code: 34223

500249133815
06/21/13--01031--002 **1200.00

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: 6-19-13

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LAWRENCE A TARN	701 S Indiana Ave	Englewood FL 34223

Williams JUN 18 2013

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 6-19-13 941-475-3962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #