

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000022829**

1. Corporation Name

JEFFREY E. RUBIN, D.D.S., P.A.

Principal Place of Business

Mailing Address

**4398 PALM BEACH BLVD.
FT. MYERS FL 33905**

**4398 PALM BEACH BLVD.
FT. MYERS FL 33905**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

12689 New Brittany Blvd

3. New Mailing Office Address, if Applicable

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers, FL

City & State

FT Myers, FL

Zip

33907

Country

USA

Zip

33905

Country

USA

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	RUBIN, JEFFREY E	4398 PALM BEACH BLVD.	FT. MYERS FL 33905
		12689 New Brittany Blvd	FT Myers, FL 33905

**400001998284--B
-11/07/96-01003-017
***375.00 ***375.00**

8. Name and Address of Current Registered Agent

**RUBIN, JEFFREY E
4398 PALM BEACH BLVD.
FT. MYERS BEACH FL 33905**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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 OF RUBIN, JEFFREY E
JEFFREY E RUBIN, D.D.S., P.A.

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-418-00

Daytime Phone #

FILED

96 OCT 31 AM 9:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**mwb
11-4-96**



REINSTATEMENT 1996

CRS-000 (7/95)