

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 APR 18 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053082

1. Corporation Name

DEENA A. AZAROFF, DMD, PA

Principal Place of Business

1905 NW 13th ST
SUITE 3
GAINESVILLE FL
32609 USA

Mailing Address

1905 NW 13th ST
SUITE 3
GAINESVILLE FL
32609

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/1993

5. FEI Number

59-3196724

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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	DEENA A. AZAROFF	1808 SW 75 th TER	GAINESVILLE FL 32607
			100002484941--3
			-04/21/98--01033--026
			***1208.75 ***1208.75

REINSTATEMENT

95-98

A. Azaroff
4/18/98

8. Name and Address of Current Registered Agent

DAVID STEWART
2516 NW 43rd ST
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name
MARCELLA AZAROFF
Street Address (P.O. Box Number is Not Acceptable)
7257 NW 4th BLVD
Suite, Apt. #, Etc.
SUITE #260
City
GAINESVILLE

State
FL

Zip Code
32607

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

Marcella Azaroff

(REGISTERED AGENT MUST SIGN)

Date 4/9/98

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:

DEENA A. AZAROFF, DMD
Signature and Typed or Printed Name of Signing Officer or Director

4/10/98
Date

(352) 371-6042
Daytime Phone #