

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081628

1. Corporation Name

EDMUND I. PARNES, D.M.D., P.A.

Principal Place of Business

Mailing Address

8700 N. KENDALL DR.
SUITE 221
MIAMI FL 33176

8700 N. KENDALL DR.
SUITE 221
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1993

5. FEI Number

65-0451972

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PARNES, EDMUND I	8700 N. KENDALL DR., SUITE 221	MIAMI FL 33176

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARNES, EDMUND I
8700 N. KENDALL DR.
SUITE 221
MIAMI FL 33176

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 X

REGISTERED AGENT MUST SIGN

Date 10-19-00

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 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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00
Date

3055954122
Daytime Phone #

FILED

00 OCT 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1062

CRP040 (8/00)

EDMUND I. PARNES, D.M.D.
Diplomate, American Board of
Oral and Maxillofacial Surgery

October 16, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Leniency for Late Payment Fees for Tax ID: 65-045-1972

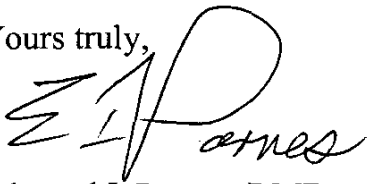
To Whom It May Concern:

Enclosed is a check for \$150.00 for the yearly fee for the above corporation.
We did not receive an original statement earlier this year.

Would you be so kind as to give leniency in this one instance? We will be
sure to change our operating procedures in the future to assure that payment
will be received to your office in a timely manner.

Thank you so much, in advance.

Yours truly,

A handwritten signature in black ink, appearing to read "EIParnes", written over a horizontal line.

Edmund I. Parnes, DMD
EIP:jpb