

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1982
FILED

02 MAY 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026872

1. Corporation Name

MARK B. GILBERT, D.M.D., P.A.

2. Principal Office Address

2235 N. COMMERCE PKWAY

Suite, Apt. #, etc.

SUITE #1

City & State

WESTON, FL

Zip

33326

Country

USA

3. Mailing Office Address

SAME AS OFFICE

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1994

5. FEI Number

65-0481818

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

MARK B. GILBERT

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

2235 N. COMMERCE PARKWAY

Suite, Apt. #, Etc.

SUITE #1

City

WESTON, FL

State
FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date 5/22/02

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
P	MARK B. GILBERT	2235 N. COMMERCE PKWAY	WESTON, FL 33326
			201.25 - AR
			10.00 - APARTS
			88.75 - ARSPP
			8.75 - Cut

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Freeman, Buczyner & Gero
Certified Public Accountants and Consultants
A Partnership of Professional Associations

2002

MEMBER

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

MGI Midsnell Group International
Independent International Accountancy

SunTrust International Center
One Southeast Third Avenue
Suite 2120

Miami, FL 33131

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May 20, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Mark B. Gilbert, D.M.D., P.A.
EIN: 65-0481818
Document #: P94000026872
Form: Corporation Reinstatement
Period: 2001 and 2002

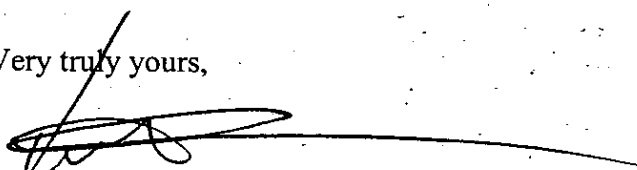
Dear Sir or Madam:

We are the accountants for the above mentioned corporation. Enclosed is the Corporation Reinstatement application along with a check in the amount of \$308.75 for the 2001 and 2002 annual filing fee and a Certificate of Status.

The taxpayer advised our firm that the corporation did not receive the annual business report application for the above referenced years. The corporation has filed uniform business reports on a timely basis since its inception and it was not the intention of the corporation to avoid paying the corporate filing fees. We respectfully request your consideration in this matter.

Please advise our office as to the resolution of this matter and do not hesitate to contact us if you have any questions.

Very truly yours,


Joseph Buczyner
Letter# 3802