

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 DEC 29 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089757**

1. Corporation Name

**STEPHEN J. VELEZ, D.D.S., P.A.**

Principal Place of Business

1390 CORAL RIDGE DR  
CORAL SPRINGS FL 33071  
US

Mailing Address

1390 CORAL RIDGE DR  
CORAL SPRINGS FL 33071  
US

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



**REINSTATEMENT** *97 00*

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

12/12/1994

5. FEI Number

65-0541999

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VELEZ, STEPHEN J	1390 CORAL RIDGE DR	CORAL SPRINGS FL

900002388889--5  
-01705798--01007--004  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

FRED SADOFF  
EMERALD HILLS EXECUTIVE PLAZA  
4601 SHERIDAN ST., SUITE 301  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name *STEPHEN J. VELEZ* **STEPHEN J. VELEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**1390 CORAL RIDGE DR**  
Suite, Apt. #, Etc.  
City **CORAL SPRINGS** State **FL** Zip Code **33071**

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

REGISTERED AGENT MUST SIGN

Date **24 Dec 97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

**STEPHEN J. VELEZ**

**24 Dec 97**

**(954) 752-7874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)