

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000010773

1 Corporation Name

ALBERTO Q DESPAIGNE D.D.S. P.A.

Principal Place of Business
2518 E HALLANDALE BCH BLVD
HALLANDALE FL 33009
US

Mailing Address
2315 NE 195TH STREET
MIAMI FL 33180
US

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

02/08/1995

5. FEI Number

65-0522006

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	DESPAIGNE, ALBERTO Q	8101 PARK DRIVE	MIAMI SHORES FL 33138

0000002705390--9
-12/08/98--01005--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DESPAIGNE, ALBERTO Q
2518 E HALLANDALE BCH BLVD
HALLANDALE FL 33009

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

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto Despaigne

Date

11/20/98

Daytime Phone #

(2)

**ALBERTO DESPAIGNE, D.D.S.
FAMILY DENTISTRY
2518 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009
PHONE: (954) 454-2504**

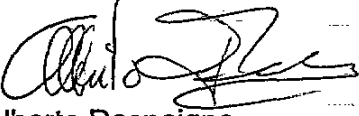
November 17, 1998

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Alberto Q. Despaigne, D.D.S., P.A. - #65-0522006

To whom it may concern:

I received the enclosed second notice in the mail. Checking my records I show that I sent in the original notice in March 1998. I have checked with my bank and my check was not cashed and is still outstanding. I called the Division of Corporations and told them I sent the original notice, but for some unknown reason it was not on file. I was told if I sent in the second notice as soon as possible, With a check for \$150.00, the late fee would be waived. Enclosed is my check for \$150.00 and the second notice, and I would request that the late fee be waived for reasonable cause. Thank you for your help in this matter.


Alberto Despaigne
President/Director
Alberto Q. Despaigne, D.D.S., P.A.
65--0522006