

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -6 AM 9:38

RECEIVED  
STATE  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025938**

1. Corporation Name

**BOCKIAN + COWAN P.D.S., P.A.**

200184112702  
08/06/10--01034--009 \*\*900.00

**REINSTATEMENT 09-10**

2. Principal Office Address - No P.O. Box #

**17027 PINES BLVD**

Suite, Apt. #, etc.

**-**

3. Mailing Office Address

**17027 PINES BLVD**

Suite, Apt. #, etc.

**-**

City & State

**PEMBROKE PINES, FL**

Zip

**33027**

Country

**USA**

City & State

**Pembroke Pines, FL**

Zip

**33027**

Country

**USA**

4. Date incorporated or Qualified  
To Do Business in Florida

**3/29/1995**

5. FEI Number

**65-0573306**

☐ 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

**JOSHUA A BOCKIAN**

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

**17027 PINES BLVD**

Suite, Apt. #, Etc.

**-**

City

**PEMBROKE PINES**

State

**FL**

Zip Code

**33027**

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

**8/3/10**

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/S	MARC A. COWAN D.M.D.	17027 PINES BLVD	PEMBROKE PINES, FL 33027
V/T	JOSHUA BOCKIAN P.D.S.	17027 Pines Blvd	Pembroke Pines, FL 33027

10. E-mail Address: **smiledds@bellsouth.net**

(To be used for future annual report notification)

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. I further certify, 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:

**JOSHUA A. BOCKIAN 8/3/10**

Date

**954-704-0044**

Daytime Phone #

2/92