

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JAN 20 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021464

1. Corporation Name

John T. Tyson, DMD, Inc

900066583569  
02/27/06--01052--002 \*\*\*450.00

**REINSTATEMENT**

2. Principal Office Address

2614 SE Willemsey

Suite, Apt. #, etc.

BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

Country

34994

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/5/96

5. FEI Number

65-0518295

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

John T. Tyson, DMD

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

19874 Wilkinson Leas RD

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

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 1/13/06

**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
Pres Sec	John T. Tyson	19874 Wilkinson Leas RD	Tequesta FL 33469
U.P. Treas.	Barbara Tyson	19874 Wilkinson Leas RD	Tequesta, FL 33469

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 contained in Chapter 119, 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 #

1/14/06 561-746-7702



JOHN T. TYSON, D.M.D.

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2614 S.E. Willoughby Blvd.  
Stuart, Florida 34994  
Telephone: (772) 283-8555  
Fax: (772) 283-9288

January 14, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find my check for \$450.00 for the years 2004, 2005 and 2006. I went on line to get my corporate papers and found out for the last few years we have been inactive. I had no idea. We moved our office in May of 2004 and I guess we never received the renewal documents. We did have a forward order on for a year.

I spoke to a gentleman in your office and he said that if I write a letter and explain why we haven't been active for the last few years that you might waive the \$600.00 reinstatement fee. I hope so, but if you won't please bill me and I will pay it.

Thank you for your help.

Sincerely

Barbara Tyson  
Treasurer