

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**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

04/04

2. Principal Office Address

2614 SE Willoughby Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34994

Country

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 Willinson Leas RD

Suite, Apt. #, Etc.

City

Requesta

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

[Handwritten Signature]

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 Willinson Leas RD	Requesta FL 33469
V.P. Treas.	Barbara Tyson	19874 Willinson Leas RD	Requesta, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06

561-746-7702

Date

Daytime Phone #



JOHN T. TYSON, D.M.D.

2/2

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