

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800103032228
05/22/07--01051--002 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P96000063466

1. Corporation Name
AIKA D. Tiwary, D.D.S., P.A.

2. Principal Office Address - No P.O. Box #
6921 Pistol Range Rd

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33635

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 7/20/96

5. FEI Number 543287675
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
AIKA D. TIWARY, D.D.S.

Street Address (P.O. Box Number is Not Acceptable)
2771 Camden Rd

Suite, Apt. #, Etc.

City
Clearwater

State FL Zip Code 33759

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Aika D. Tiwary* Date _____
REGISTERED AGENT MUST SIGN

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.	AIKA D. TIWARY	11258 W. Hillsborough Ave	TAMPA/FL/33635

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: *Aika D. Tiwary* AIKA D. TIWARY Date 4/26/07 Daytime Phone # 813-855-0514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR