

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 15 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1142

CR2E081 (11/10)

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

Suite, Apt. #, etc.

Suite 103

City & State

Tampa, FL

Zip

33635

Country

3. Mailing Office Address

6921 Pistol Range Rd

Suite, Apt. #, etc.

Suite 103

City & State

Tampa, FL

Zip

33635

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/1996

5. FEI Number

59-3387675

☒ 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. P.A.

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

6921 Pistol Range Rd

Suite, Apt. #, Etc.

Suite 103

City

Tampa

State

FL

Zip Code

33635

100228633011
04/11/12--01035--004 **758.75

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 D.D.S. P.A.

Date 4/5/2012

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
President	AIKA D. TIWARY	6921 Pistol Range Rd Suite 103 Tampa, FL 33635	Tampa, FL 33635

900235103589
05/15/12--01008--008 **158.75

MAY 15 2012

T. SCOTT

10. E-mail Address: AIKA.TIWARY@msn.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: AIKA D. TIWARY AIKA D. TIWARY

4/4/12 813-855-0514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D. BUTLER