

182  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

DOCUMENT # P96000083646

1. Corporation Name

RONALD A. GEORGE, D.M.D., P.A.

**REINSTATEMENT** 99-04

500041774295  
10/11/04--01029--002 \*\*\$00.00

MRD

2. Principal Office Address

4100 S. HOSPITAL DR

3. Mailing Office Address

4100 S. HOSPITAL DR

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

SUITE 107

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0700287

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

RONALD A. GEORGE, D.M.D.

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

4100 S. HOSPITAL DRIVE

Suite, Apt. #, Etc.

SUITE 107

City

PLANTATION

State  
**FL**

Zip Code

33317

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

Ronald A. George DMD

Date

10/6/04

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
<u>P/D</u>	<u>RONALD A. GEORGE</u>	<u>4100 S. HOSPITAL DR #107</u>	<u>PLANTATION, FL 33317</u>

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 under section 119.07(3)(i), 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:

RONALD A. GEORGE Ronald A. George DMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/04

Daytime Phone #

954-792-6002

CR2E081 (01/04)

282

**JAY SERBIN, CPA, P.A.**  
***Certified Public Accountant***  
**9600 WEST SAMPLE ROAD, SUITE 501**  
**CORAL SPRINGS, FLORIDA 33065**

(954)346-1996  
fax (954)346-1970  
email: [cpajay@aol.com](mailto:cpajay@aol.com)

October 6, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ronald A. George, D.M.D., P.A.  
Document Number: P96000083646

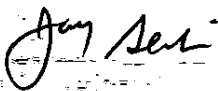
Gentlemen:

Enclosed please find the *Corporation Reinstatement Form* for the above referenced corporation as well as a check payable to the *Department of State* in the amount of \$900.00.

This corporation was not receiving the annual renewals of its annual report due to an incorrect address on file. This was discovered only by checking the status online. For this reason, we respectfully request that you waive the fee of \$600 for reinstatement and accept the enclosed payment to bring this corporation current.

We thank you in advance for your cooperation in this matter.

Sincerely,



JAY SERBIN

JS:

Enclosures

cc: Ronald A. George, D.M.D., P.A.