

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 AM 11:52

DOCUMENT # P97000010804

1. Corporation Name

ENRIQUE M. OCHOA, DDS, PA

2. Principal Office Address

3501 Del Prado Blvd

Suite, Apt. #, etc.

Suite 209

City & State

CAPE CORAL, FL

Zip

33904-7211

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

Zip

Country

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-1-98

5. FEI Number

65-0812285

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

Enrique Ochoa, DDS

000004462910-3

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

3501 Del Prado Blvd

07/06/01-01037-032

****900.00 ****900.00

Suite, Apt. #, Etc.

Suite 209

City

cape coral

State

FL

Zip Code

33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

6/13/01

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
D	Enrique Ochoa	3501 Del Prado Blvd, Suite 209	Cape Coral, FL 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #