

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 AM 8:46

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034366 YEAR 2007

1. Corporation Name
HIREZI & HIREZI, DMD
dba HIREZI FAMILY DENTISTRY
4495 BAYMEADOWS RD, Suite 9 & 10
JACKSONVILLE, FL 32217

2. Principal Office Address - No P.O. Box #
4495 BAYMEADOWS

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite 9 & 10

Suite, Apt. #, etc.
✓

City & State
JACKSONVILLE, FL

City & State
✓

Zip
32217

Country
✓

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
1997

5. FEI Number
59-3456705

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
NABIK HIREZI, DDS

Street Address (P.O. Box Number is Not Acceptable)
4495 BAYMEADOWS RD

Suite, Apt. #, Etc.
Suite 9 & 10

City
JACKSONVILLE

State
FL

Zip Code
32217

☒ 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
[Signature]
Date 7-20-07

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</u>	<u>NABIK HIREZI, DDS</u>	<u>9226 SAFFRON CT</u>	<u>JACKSONVILLE, FL 32257</u>
<u>UP/S</u>	<u>ELOK HIREZI, DDS</u>	<u>✓</u>	<u>✓</u>
<u>CIA</u>	<u>MARY HIREZI-HARB</u>	<u>5702 Vicksburg Dr.</u>	<u>BATON ROUGE, LA 70817</u>
<u>M</u>	<u>LOTTA MIRONLIC</u>	<u>4495 BAYMEADOWS</u>	<u>JACKSONVILLE, FL 32217</u>
	<u>07/25</u>		

500106527445
07/24/07-01031-001 **600.00

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7-20-07
Daytime Phone #