

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000034366

Entity Name: HIREZI & HIREZI, D.M.D., P.A.

FILED
Dec 16, 2008
Secretary of State

Current Principal Place of Business:

4495 BAYMEADOWS RD
SUITE 9 & 10
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

4495 BAYMEADOWS RD
SUITE 9 & 10
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3456705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIREZI, NABIL
4495 BAYMEADOWS RD
SUITE 9 & 10
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY HIREZI HARB

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIREZI, NABIL DMD
Address: 9226 SAFFRON COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VS () Delete
Name: HIREZI, FLOR DMD
Address: 9226 SAFFRON COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: CPA () Delete
Name: HIREZI-HARB, MARY
Address: 5702 VICKSBURG DR
City-St-Zip: BATON ROUGE, LA 70817

Title: M () Delete
Name: MIRONCHIC, LOTTA
Address: 4495 BAYMEADOWS
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HIREZI HARB

Electronic Signature of Signing Officer or Director

CPA

12/16/2008

Date

REI Filed 12/16/08
P97-34366

Attention Annual Reports Section
P O Box 6327
Tallahassee, FL 32314

RE: HIREZI & HIREZI, FED ID 59-3456705, DOCUMENT P97000034366

Dear Sirs:

We were very surprised to know by accident that you have listed Hirezi & Hirezi as Inactive. We thought that you had corrected the problem of mailing the notices last year, when we also knew by accident that we were considered inactive for the last three years. We filed for the three years and paid all dues. We thought that after that we would start receiving the renewal notices.

Again, we have not received the renewal notice for 2008 and therefore the company was put as Inactive. We knew that by accident when we were trying to negotiate a property buy

To correct the problem, I logged into your website and I was able to reinstate the company on line. The fees indicated were \$750, \$600 was for late filing penalty. Because we wanted to get this done quickly, we went ahead and paid the total amount including penalty and then worry about its waiver later.

I kindly request the waiver of the \$600 penalty. We always strive to pay all our fees and taxes to all governmental agencies timely. Should we have received the renewal notice, we would have paid.

All renewal notices should go to Dr Nabil Hirez
Hirezi & Hirezi Dentistry
4495 Baymeadows Rd, Suite 9
Jacksonville, FL 32217

Please send the refund check payable to Hirezi & Hirezi Dentistry at the same address above.

If you have any questions regarding this letter, please contact me at

225-205-6181

Mary Hirezi Harb, CPA
5702 Vicksburg Drive
Baton Rouge, LA 70817