

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-04

200035711462
05/06/04--01049--005 **1500.00

DOCUMENT # P97000052884
1. Corporation Name

NICHOLAS M ZANAKOS JR DMD PA

2. Principal Office Address 2434 ADAMS STREET		3. Mailing Office Address 2434 ADAMS STREET	
Suite, Apt. #, etc. APT 302		Suite, Apt. #, etc. APT 302	
City & State HOLLYWOOD		City & State HOLLYWOOD	
Zip 33020	Country US	Zip 33020	Country US

4. Date Incorporated or Qualified To Do Business in Florida 6/13/1997	
5. FEI Number 65-0762827	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name NICHOLAS M ZANAKOS JR			
Street Address (P.O. Box Number is Not Acceptable) 2434 ADAMS STREET			
Suite, Apt. #, Etc. APT 302			
City HOLLYWOOD		State FL	Zip Code 33020

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: Date: 4/29/2004
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
D	NICHOLAS M ZANAKOS	2434 ADAMS STREET APT 302	HOLLYWOOD FL 33020

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)(f), 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: Date: 4/29/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)