

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000071461

1. Entity Name
BRADY'S FAMILY DENTISTRY OF PLANTATION, INC.



Principal Place of Business
4330 W BROWARD BLVD
PLANTATION, FL 33317

Mailing Address
4330 W BROWARD BLVD
PLANTATION, FL 33317

REINSTATEMENT

T. Roberts NOV 29 2005



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10272005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0821596

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRADY, MICHAEL DDS
4350 W BROWARD BLVD STE T
PLANTATION, FL 33317

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Brady* DATE 10/20/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, MICHAEL DDS 5801 SW 57TH PL DAVIE, FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

FILED
NOV 28 AM 8:41
TALLAHASSEE, FLORIDA

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11/28/05--01059--025 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Brady* DATE 10/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

11292

4330 West Broward Blvd
Suite T
Plantation, FL 33317
Phone (954) 587-1800

Brady's Family Dentistry

November 23, 2005

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

RE: Brady's Family Dentistry of Plantation
Tax I.D. # 65-0821596
2005 Uniform Business Report/ Document # P98000003322


Dear Sir or Madam:

With regard to the above-mentioned form, please be advised that we were not aware that the form should have been sent out earlier as we just received it in the mail. We were informed by our Accountant (upon receiving the current form) that we should have received the first notice earlier in the year, which we did not. Your records will indicate that we have mailed on time in previous years.

We are hereby requesting that we be allowed to pay the previous fee of One Hundred Fifty Dollars (\$150.00) instead of Five Hundred Fifty Dollars (\$550.00), and the penalty be abated, as the delay to the file was not intentional.

Looking forward to hear from you. For additional information, please call me at (954) 587-1800.

Sincerely,


Michael Brady
DDS