


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P97000075378			
<b>1. Corporation Name</b> NADIME M. CANFUX DDS PA			
<b>2. Principal Office Address</b> 3714 EUCLID AVE <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> PO BOX 18625 <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> TAMPA FL		<b>City &amp; State</b> TAMPA FL	
<b>Zip</b> 33611	<b>Country</b> HILLSBOROUGH	<b>Zip</b> 33679	<b>Country</b> HILLSBOROUGH
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/28/97	
		<b>5. FEI Number</b> 593470596	<b>Applied For</b> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> NADIME M. CANFUX DDS PA			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 714 EUCLID AVE			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> TAMPA		<b>State</b> FL	<b>Zip Code</b> 33611
<b>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.</b>			
<b>Signature of Registered Agent</b> N. Canfux DDS PA		<b>Date</b> 2/20/06	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Title</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/D	Nadime M. Canfux	4815 TROYDALE Rd.	TAMPA FL 33615
TS/CM			
<b>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.</b>			
<b>SIGNATURE:</b> N. Canfux DDS PA		<b>Date</b> 2/20/06	<b>Daytime Phone #</b> 813-888 7524 813 835 8900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			