

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -9 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

RICHARD F. DeMarsh, DDS, PA

PA1000084029

100112132781
11/08/07--01061--011 **300.00

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

13510 NORTH Rome Ave

Suite, Apt. #, etc.

3. Mailing Office Address

13510 NORTH Rome Ave

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33613

Country

USA

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3474810

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

RICHARD F. DeMarsh

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

13510 NORTH Rome Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613



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

Richard F. DeMarsh

Date 11-9-2007

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	Richard F. DeMarsh	13510 NORTH Rome Ave	Tampa FL 33613
M	Let A. DeMarsh	14113 Stonegate Dr	Tampa FL 33624

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:

Richard F. DeMarsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-2007

Daytime Phone #