

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085446

1. Corporation Name

James B Kendrick, DMD, PA

900009213549
11/25/02--01092--008 **150.00

900009213549
11/25/02--01092--009 **150.00

2. Principal Office Address

1747 SW Lakeview Dr

3. Mailing Office Address

1747 SW Lakeview Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Sebring FL

Zip

33870

Country

USA

Zip

33870

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/97

5. FEI Number

65-0787222

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

David Alan Kofsky

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

3440 Hollywood Blvd

Suite, Apt. #, Etc.

450

City

Hollywood

State

FL

Zip Code

33021

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 11/5/02

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 | James B. Kendrick | 1747 SW Lakeview Dr | Sebring FL 33870 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James KENDRICK

Date

11/5/02

Daytime Phone #

407 870 9848

CR2E001 (8/00)



Kofsky, Coury & Associates, PA

CERTIFIED PUBLIC ACCOUNTANTS

November 19, 2002

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

RE: James B. Kendrick, DMD, PA
Corporation Reinstatement

Enclosed please find a Florida Corporation Reinstatement application and two checks for \$150 each for the years 2001 and 2002.

In past years, our client has always paid his Uniform Business Report in a timely fashion. In the year 2001, he was going through a very messy divorce and papers and documents that should have been taken care of were misplaced, and to this day, not found. For just cause, please abate the penalties.

Sincerely,

A handwritten signature in cursive script that reads 'Misty L. Bush CPA'.

Misty L. Bush
Certified Public Accountant

Enclosures