

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

St.
DIVISION

06 OCT -5 PM 1:03

DOCUMENT # 9980000 24113

1. Corporation Name

Taylor Orthodontic Specialists P.A.

2. Principal Office Address

9181 Glades Rd

Suite, Apt. #, etc

#120

City & State

Boca Raton, FL

Zip

33434

Country

USA

3. Mailing Office Address

9181 Glades Rd

Suite, Apt. #, etc

#120

City & State

Boca Raton, FL

Zip

33434

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0819931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Ronald S. Taylor

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

9181 Glades Rd

Suite, Apt. #, Etc

#120

City

Boca Raton

State

FL

Zip Code

33434

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

Ronald S. Taylor

REGISTERED AGENT MUST SIGN

Date 10/3/04

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
P	Ronald S. Taylor	9181 Glades Rd	Boca Raton, FL 33434
VP	Roger D. Taylor	9181 Glades Rd	Boca Raton, FL 33434

500080492016

10/05/06 01025-003 **300.00

10. I certify that I am an officer or director, 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:

Ronald S. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/04

Date

561-558-9447

Daytime Phone #



• TAYLOR •

ORTHODONTICS

Specialists in Orthodontics for Children & Adults

2042

9181 GLADES ROAD • SUITE 120
BOCA RATON, FL 33434
561 • 55 • TWINS
561 • 558 • 9467
FAX: 561 • 558 • 9313

4570 LYONS ROAD • SUITE 102
COCONUT CREEK, FL 33073
954 • 977 • 9477

DATE: 09/26/06

To whom it may concern,

I am writing to request a waiver of the reinstatement fee for Taylor Orthodontic Specialists, P.A. We never received a notice for the annual reports in 2005 or 2006. It was only brought to my attention today by our bank that our corporate status was inactive. I have enclosed a check in the amount of \$300 to pay for the corporate fees of 2005 and 2006. If you have any questions, please call me at 561-558-9467.

Thank you,

Ronald S. Taylor
President