

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000028001**

1. Corporation Name

**ALASAR DENTAL ASSOCIATES P.A.**

Principal Place of Business

Mailing Address

950 N COLLIER BLVD STE 305  
MARCO ISLAND FL 33969

950 N COLLIER BLVD STE 305  
MARCO ISLAND FL 33969

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0829125

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALEXANDER, STEVEN	950 N COLLIER BLVD #305	MARCO ISLAND FL 34145
S	ALEXANDER, RICHARD B	950 N COLLIER BLVD #305	MARCO ISLAND FL 34145
T	ALEXANDER, MARISSA	950 N COLLIER BLVD #305	MARCO ISLAND FL 34145

100023854081  
10/16/03--01039--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, STEVEN  
950 N COLLIER BLVD  
#305  
MARCO ISLAND FL 34145

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent [Signature]  
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-13-03

Daytime Phone #

CR2E040 (7/03)

STEVEN ALEXANDER, D.D.S.

(941) 389-9400

950 NORTH COLLIER BOULEVARD • SUITE 305 • MARCO ISLAND, FLORIDA 34145

10/13/03

TO WHOM IT MAY CONCERN:

I SPOKE WITH RUBY TODAY EXPLAINING  
THAT I DID NOT RECEIVE 1<sup>ST</sup> OR 2<sup>ND</sup> NOTICE. I  
WAS INSTRUCTED TO FILL OUT THE FORM &  
ENCLOSE \$150 ~~XX~~ PAYABLE TO DEPARTMENT OF STATE.

PLEASE ALSO NOTE MY SUITE # SHOULD READ  
#305/306.

THANK YOU FOR YOUR HELP WITH UBR 2003.

SEA \_\_\_\_\_ D.D.S.

STEVEN ALEXANDER D.D.S.