

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
GOVERNOR
DIVISION OF CORPORATIONS

DOCUMENT # P98000031863

1. Corporation Name

Orthodontix Professional Florida, P.A.

Principal Place of Business

7400 N. Kendall Dr.
Suite 309
Miami, FL 33156

Mailing Address

7400 N. Kendall Dr.
Suite 309
Miami, FL 33156

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 604

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 604

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/1998

5. FEI Number

65-0844993

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SB 79: Additional Fee required
for a Certificate of Status

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

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D, P, S, T	Stephen M. Grussmark, D.D.S.	7400 N. Kendall Drive, Suite 604	Miami, FL 33156

800003065078--4
-12/09/99--01038--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

Berman Wolfe Rennert Vogel & Mandler,
P.A.
100 SE Second St.
35th Floor, NationsBank Tower
Miami, Florida 33131-2130
Attn: Charles J. Rennert, Esq.

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Signature of
Registered Agent

Charles Rennert

Date 11-10-99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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

Stephen M. Grussmark, D.D.S.

11/10/99 (313) 670-0263
Date Daytime Phone #

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**ORTHODONTIX PROFESSIONAL FLORIDA, INC.
7400 N. KENDALL DR., SUITE 604
MIAMI, FL 33156**

November 10, 1999

VIA REGISTERED MAIL

Department of State
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatements

*Re: Orthodontix Professional Florida, Inc./ Document number P98000031863 (the
"Company")*

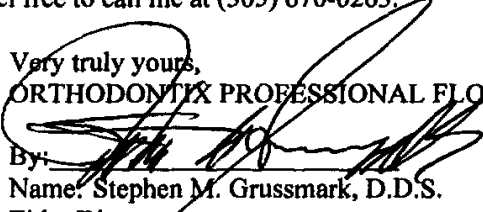
To whom it may concern:

Please find enclosed the following for the above-referenced Company: (i) an Application for Reinstatement and (ii) a check in the amount of \$150 for the annual report fee.

The Company is applying for reinstatement since it was administratively dissolved due to failure to file an Annual Report. The Company seeks to waive the \$600 reinstatement fee because it never received the Annual Report for the following reason: earlier this year, the Company relocated its offices to 7400 N. Kendall Dr., Suite 604, Miami, Florida 33156. The Company did not receive the annual report form.

If you have any questions, feel free to call me at (305) 670-0263.

Very truly yours,
ORTHODONTIX PROFESSIONAL FLORIDA, INC.

By: 
Name: Stephen M. Grussmark, D.D.S.
Title: Director

Enclosures

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