

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 FEB 12 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041859

1. Corporation Name  
JAMES A. ZURFLUH, D.D.S., P.A.

Principal Place of Business Mailing Address  
8850 STATE ROAD 84 8850 STATE ROAD 84  
DAVIE FL 33324 DAVIE FL 33324



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 05/08/1998 5. FEI Number 65-0833969 Applied For Not Applicable 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ZURFLUH, JAMES A	8850 STATE ROAD 84	DAVIE FL 33324
			900010956049 01/27/03--01060--008 **211.50
			900010956049 02/12/03--01005--021 **88.50

8. Name and Address of Current Registered Agent: ZURFLUH, JAMES A, 8850 STATE ROAD 84, DAVIE FL 33324. 9. Name and Address of New Registered Agent: 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: 02/26/02

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 Daytime Phone #

CR2E040 (8/02)

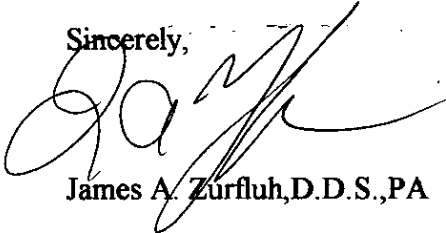
**Pine Island Dental  
8850 W. State Road 84  
Davie, Fl. 33324  
(954)476-1163**

February 7, 2003

To whom it may concern,

Enclosed is a check for 88.50. This is the amount due for 2003 corporation. If you have any questions please contact us at (954)476-1163. Thank you for you time.

Sincerely,

A handwritten signature in black ink, appearing to read 'James A. Zurfluh', written over a horizontal line.

James A. Zurfluh, D.D.S., PA