

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000064657

1. Corporation Name

ABBA DENTAL INC.

Principal Place of Business

Mailing Address

2198 PRINCETON ST.
SARASOTA FL 34237

2198 PRINCETON ST.
SARASOTA FL 34237

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1998

5. FEI Number

65-0852571

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BANKA, ADAM	2198 PRINCETON ST	SARASOTA FL 34237
ST	MATICSEK, PETER	3003 BUCIDA DR 6427 Easy Court	SARASOTA FL 34237 34240

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BANKA, ADAM~~ Peter Maticek
2198 PRINCETON ST.
SARASOTA FL 34237

Name Peter Maticek
Street Address (P.O. Box Number is Not Acceptable)
2332 17th St
Suite, Apt. #, Etc. Suite 7
City Sarasota
State FL Zip Code 34234

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter Maticek

10/22/01 941 925-2099

Les Gardi CPA PA
7061C S. Tamiami Trail
Sarasota, FL 34231-5559
Tel: (941) 925-2099 Fax: (941) 927-2099
e-mail: Gardi.CPA@verizon.net

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Memo

Date: 10/22/2001

To: Florida Dept of State

From: Peter Maticsek

Subject: Reinstatement of Abba Dental Inc

Please be advised we filed our 2001 UBR report timely, enclosed is a copy of our cancelled
check for \$300 front & back. We paid one check for two corporations- Abba Dental Inc &
Abba Pawn Inc. Please reinstate Abba Dental Inc

Thank you

Peter Maticsek

Peter Maticsek