

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

Mar 22 2000 8:00 am  
Secretary of State

DOCUMENT # **P98000064836**

**NORMAN N. BROOKS, D.D.S., P.A.**

Mailing Address

1313 N.E. 125 STREET  
NORTH MIAMI FL 33161

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

**Zip**

Country

**4. Date Incorporated or Qualified To Do Business in Florida**

07/22/1998

5. FBI Number

Applied For

65-0857496

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)

| 1        | 2                                 | 3  | 4   |
|----------|-----------------------------------|--|---|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip  |
| D        | BROOKS, NORMAN N D.D.S.           | 1313 N.E. 125 STREET                           | NORTH MIAMI FL 33161  |
|          |                                   |  |   |
|          |                                   |  |   |
|          |                                   |  | 300003196113--6<br>-04/04/00--01103--011<br>****300.00 ****300.00 |
|          |                                   |  |   |
|          |                                   |  | 9900AR 76   |

8. Name and Address of Current Registered Agent

GREENBLATT, SANDRA P ESQ  
SANDRA P. GREENBLATT, P.A.  
3109 STIRLING ROAD - #101  
FORT LAUDERDALE FL 33312

**9. Name and Address of New Registered Agent**

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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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

XH-19-99 (305) 893-7878  
Date Daytime Phone #

CHZE040 (8/99)

Page 2 of 2  
Attachment

*Norman N. Brooks, D.D.S., P.A.*

*1313 N.E. 125 Street  
North Miami, Florida 33161*

March 17, 2000

Tyrone Scott, Document Specialist  
Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

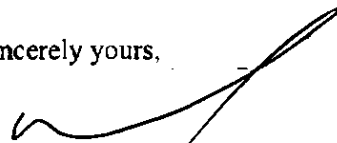
Re: Norman N. Brooks, D.D.S., P.A./Document Number P98000064836

Dear Mr. Scott:

Pursuant to your instructions, enclosed is our Application for Reinstatement of the above professional corporation. We never received our 1999 Annual Report Form or the notice informing us that my P.A. would be dissolved. I also request that you waive the late fee. Enclosed is my check in the amount of Three Hundred Dollars (\$300.00) as the annual fee for 1999 and 2000. You informed me that you would reinstate the P.A. retroactive to September 1999.

Please call me if you have any questions.

Sincerely yours,



Norman N. Brooks, D.D.S.

Enclosure

cc: Sandra P. Greenblatt, P.A.