

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

APPLICATION FOR REINSTATEMENT



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

FILED
Mar 22 2000 8:00 am
Secretary of State

DOCUMENT # P98000064836

1. Corporation Name

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

Principal Place of Business

Mailing Address

1313 N.E. 125 STREET
NORTH MIAMI FL 33161

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0857496

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for D BROOKS, NORMAN N D.D.S. at 1313 N.E. 125 STREET, NORTH MIAMI FL 33161.

300003196113--6
04/04/00--01103--011
***300.00 ***300.00

99-00AR JS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

Sandra P. Greenblatt, P.A. REGISTERED AGENT MUST SIGN

Date

4/17/99

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

4-17-99
Date

(305) 893-7878
Daytime Phone #

CR2E040 (8/99)

Page 3 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

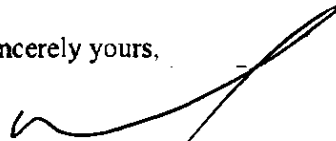
Re: Norman N. Brooks, D.D.S., P.A./Document Number P98000064836

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.