

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P98000066988

1. Corporation Name

ANITA PANDEY, D.M.D. AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

9655 SW 144TH ST
MIAMI FL 33176

9655 SW 144TH ST
MIAMI FL 33176



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

07/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0857806

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PANDEY, ANITA	9655 SW 144TH STREET	MIAMI FL 33176

600008833756
11/06/02--01108--008 **150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PANDEY, ANITA DMD
9655 SW 144TH ST
MIAMI FL 33176

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

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/24/02

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:

[Handwritten Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

305 969 0962

Daytime Phone #

CR2E040 (8/02)

Dear Sirs,

October 31, 2002

This letter is to inform you that neither of the officers of Anita Pandey DMD and Associates received the two prior uniform business reports sent to this address. We have filed on a timely basis for 4 years and we would have this year, if we have received the forms.

Enclosed please find the filing fee for \$150 and our completed application for reinstatement.

Thanking you for your understanding,

Sincerely Yours,

A handwritten signature in cursive script, appearing to read "Anita Pandey DMD". The signature is written in dark ink and is positioned above the typed name.

Anita Pandey DMD
President and Director