

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

162

CORPORATION
REINSTATEMENT

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

FILED
01 FEB -9 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000071470

1. Corporation Name
TEERTH, INC.,
WO1000002159

2. Principal Office Address
4450 U.S. 90 W

3. Mailing Office Address
4450 US 90 W.

Suite, Apt. #, etc.

City & State
Lake City FL

City & State
Lake City FL

Zip Country
32055 Columbia

Zip Country
32055 Columbia

4. Date Incorporated or Qualified To Do Business in Florida **8/13/1998**

5. FEI Number **59-3530235** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name **JITEN PATEL** **500003743455-7**

Street Address (P.O. Box Number is Not Acceptable)
4450 U.S. Highway 90 West **-02/20/01-01076-039** ******450.00 ****450.00**

Suite, Apt. #, Etc.

City **Lake City** State **FL** Zip Code **32055**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **[Signature]** Date **1-24-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	Kirti Patel	4450 US Highway 90W, Lake City FL 32055	Lake City, FL 32055
P	Jiten Patel	4450 US Highway 90W	Lake City, FL 32055

10. 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]** **(JITEN PATEL)** 1-24-01 (904) 961-7005 (904) 755-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

292

SCOTTISH INN
4450 US Highway 90 West
Lake City, FL 32055
(904) 755-0230

February 7, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Sub: TEERTH, INC.

Document # P98000071470

Ref: Letter Dated 01/30/2001 by Tyrone Scott, Document Specialist.

Dear Sir or Madam:

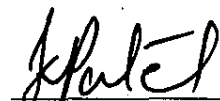
Teerth, Inc. was incorporated on 08/13/1998, since then we have not received any notice for the years 1999, 2000 & 2001 and also did not receive the form "Uniform Business Report" for any year.

So, I am enclosing the reinstatement form & check of \$450.00 (#1616) and also request you to waive any other fees that have incurred in conjunction to the miscommunications.

If you need any further information or have any question, please feel free to call me at (904) 961-7005.

Thanking you for cooperation in this matter.

Sincerely yours,



JITEN PATEL
President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DF2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Division of Corporations
FATHER OF THE HARBOR
SECRETARY OF STATE

FILED

01 FEB -9 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000044878

1. Corporation Name

Mulberry Dental Care, Inc

2. Principal Office Address

105 N. Church Ave.

Suite, Apt. #, etc.

City & State

Mulberry FLORIDA

Zip

33860

Country

USA

3. Mailing Office Address

105 N. Church Ave.

Suite, Apt. #, etc.

City & State

Mulberry FLORIDA

Zip

33860

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

appr. 6/97

5. FEI Number

593419655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fariba Shafii D.D.S.

Street Address (P.O. Box Number is Not Acceptable)

105 N. Church Avenue

Suite, Apt. #, Etc.

City

Mulberry

State
FL

Zip Code

33860

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Fariba Shafii D.D.S.

REGISTERED AGENT MUST SIGN

Date

2/6/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

M

Tommie L. Conway

1314 Heartland CR

Mulberry, FL 33860

900003743439--7

-02/20/01--01076--034

****450.00 ****450.00

KE

10. 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:

Tommie L. Conway Tommie L Conway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

863-869-8888

Daytime Phone #

CR2E081 (9/00)

Mulberry Dental Care

2052

105 N. Church Ave.
Mulberry, Florida 33860

FARIBA SHAFII, D.D.S.
MASOUD K. FARZANEH, D.D.S.

Tel (941) 869-8888
Fax (941) 869-8880

February 6, 2001

Mulberry Dental Care
105 N. Church Ave.
Mulberry, FL 33860

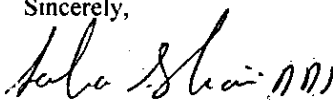
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Your office has sent previous statements to an incorrect address. Recently we have corrected the address with your office. We are asking that you accept our payment in full without penalizing our office for this error.

Thank you for your consideration in this matter. If you have any questions, please contact me at my office 863-869-8888.

Sincerely,



Dr. Fariba Shafii
Mulberry Dental Care