

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000032949

1. Corporation Name

Tomas Perez, D.D.S., P.A.

2. Principal Office Address

3900 Broadway Ave.

Suite, Apt. #, etc.

Bldg. D, #10

City & State

Fort Myers, FL

Zip

33901

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/6/99

5. FEI Number

65-0917405

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

Tomas Perez

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

1907 S.E. Santa Barbara Pl.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 5/24/04

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 |
|--------|-----------------------------------|--|----------------------|
| PD | Tomas Perez | 1907 S.E. Santa Barbara Pl. | Cape Coral, FL 33990 |
| | | | |
| | | | |
| | | | |
| | | | |

000037389030
05/28/04--01003--004 **450.00

[Handwritten Signature]

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:

[Handwritten Signature] Tomas Perez, D.D.S., P.A. 5/24/04 (239) 274-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



Florida

Charles Abels Massie, CPA^{*}, PA

* Licensed in

Certified Valuation Analyst
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May 24, 2004

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

To whom it may concern:

Re: Tomas Perez, DDS, PA
FEI#: 65-0917405
Subject: Late filing of annual report and reinstatement

Please note that the above corporation requests reinstatement of corporate status, as the corporate address changed prior to receiving the annual report for 2002. No further notices were received by the corporation. The corporation was notified by the Worker's Compensation Division that the corporation had been involuntarily dissolved. Upon this notification, I contacted your office and was told to explain in this letter the circumstances and submit a corporate reinstatement document (enclosed) along with a payment in the amount of \$450.00.

Enclosed please find a check in the amount of the required \$450.00 plus the reinstatement document. Thank you in advance for your help in this matter.

Sincerely,

Charles Abels Massie, CPA

CAM/ldy

cc: Tomas Perez, DDS, PA

Enclosures