

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 19 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032949

1. Corporation Name

Tomás Perez, D.D.S., P.A.

2. Principal Office Address - No P.O. Box #

3900 Colonial Blvd.

Suite, Apt. #, etc.

4

City & State

Fort Myers, FL

Zip

33966

Country

USA

3. Mailing Office Address

3900 Colonial Blvd.

Suite, Apt. #, etc.

4

City & State

Fort Myers, FL

Zip

33966

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/99

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)
3900 Colonial Blvd.

Suite, Apt. #, Etc.
4

City
Fort Myers

State
FL

Zip Code
33966

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date February 16, 2009

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
PD	Tomas Perez, Pres.	1907 S. E. Santa Barbara Pl.	Cape Coral, FL 33990
			000144014590 02/19/09--01098--010 **750.00
REINSTATEMENT			
		RH	

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 contained in Chapter 119, 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:

Tomas Perez, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/09

Date

(239)274-5535

Daytime Phone #