

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000036536**

1. Corporation Name

**J. CARLOS BENITO, D.D.S., P.A.**

Principal Place of Business

333 N.W. 70TH AVE., STE. 205  
PLANTATION FL 33317

Mailing Address

333 N.W. 70TH AVE., STE. 205  
PLANTATION FL 33317



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1999

5. FEI Number

65-0915555

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BENITO, J. CARLOS	333 N.W. 70TH AVE., STE. 205	PLANTATION FL 33317

700023713117  
10/10/03 01076 004 \*\*150.00

8. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S ESQ.  
7101 W. MCNAB RD., STE. 200  
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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

REGISTERED AGENT MUST SIGN

Date

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:

*J Carlos Benito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-03

Daytime Phone #

CR2E040 (7/03)



10-8-03

To whom it may concern:

I never received my Annual report form for this year, and so, was unaware that my corporation had been dissolved. My EIN is 65-0915555. I am enclosing the \$150<sup>00</sup> fee as per the telephone instructions for reinstatement if no Annual report form was received. Please check my Address and re-send the form.

Thank you.

Sincerely,

J Carlos Benito