

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057503

1. Corporation Name

JESSICA L. WEAVER, D.M.D., P.A.

Principal Place of Business

995 S.R. 434 N. STE. 502  
ALTAMONTE SPRINGS FL 32714

Mailing Address

995 S.R. 434 N. STE. 502  
ALTAMONTE SPRINGS FL 32714

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

06/24/1999

5. FEI Number

59-3583086

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WEAVER, JESSICA	995 SR 434 N STE 502	ALTAMONTE SPRINGS FL 32714

200009053052  
11/18/02--01084--016 \*\*150.00

8. Name and Address of Current Registered Agent

BAIRD, J. BRIAN ESQ.  
174 WEST COMSTOCK AVE.  
WINTER PARK FL

9. Name and Address of New Registered Agent

Name

J. BRIAN BAIRD, ESQ

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

5401 S. KIRKMAN RD.

Suite, Apt. #, Etc.

SUITE 310

City

ORLANDO

State

FL

Zip Code

32819

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

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date

11/11/02

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02 (407) 862-8500

Daytime Phone #

CR2E040 (8/02)



**JESSICA L. WEAVER, D.M.D., P.A.**

**GENERAL DENTIST**

995 S.R. 434 N., SUITE 502, ALTAMONTE SPRINGS, FLORIDA 32714

Telephone 407-862-8500

Fax 407-788-6242

October 24, 2002

To Whom It May Concern,

I'm writing in regards to the enclosed notice of administrative dissolution or revocation. The notice states that because we failed to turn in the proper forms by the deadline our office is being penalized. However, **this office never received the first or second packages containing the 2002 annual report/uniform business report that needed to be filed.** Enclosed you will find the signed reinstatement form along with a check for the file fee of \$150.00. Please contact our office at your earliest convenience so that we can avoid this error next year. I can be reached at 407-862-8500. Thank you.

Sincerely,

Jessica L. Weaver, D.M.D, P.A.