

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000082128

1. Corporation Name

STUART H. ELKIN, D.M.D., P.A.

Principal Place of Business

Mailing Address

~~21838 PALM GRASS DRIVE
BOCA RATON FL 33428~~

~~21838 PALM GRASS DRIVE
BOCA RATON FL 33428~~



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

2. New Principal Office Address, If Applicable

3925 W. BOYNTON BEACH BLVD

Suite, Apt. #, etc.

SUITE #104

City & State

BOYNTON BEACH

Zip

33436

Country

U.S.A

3. New Mailing Office Address, If Applicable

3925 W. BOYNTON BEACH BLVD

Suite, Apt. #, etc.

SUITE #104

City & State

BOYNTON BEACH

Zip

33436

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

09/09/1999

5. FEI Number

65-094-9239

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	ELKIN, STUART H	21838 PALM GRASS DRIVE	BOCA RATON FL 33428
			400003471154--5 -11/20/00 01143-006 ****158.75 ****158.75
			M/11/14

8. Name and Address of Current Registered Agent

~~ELKIN, STUART H
21838 PALM GRASS DRIVE -
BOCA RATON FL 33428~~

9. Name and Address of New Registered Agent

Name
ELKIN, STUART H.
Street Address (P.O. Box Number is Not Acceptable)
3925 W. BOYNTON BEACH BLVD.
Suite, Apt. #, Etc.
SUITE 104
City
BOYNTON BEACH
State
FL
Zip Code
33436

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.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 11/20/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00

561-752-4050

Daytime Phone #

CR2ED40 (8/00)

STUART ELKIN, D.M.D.

3925 W. Boynton Beach Blvd., Ste. 104
Boynton Beach, FL 33436
Telephone: (561) 752-4050
Fax: (561) 752-4065

HH
P99-82128



October 30, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

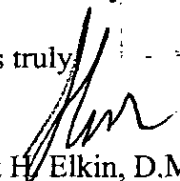
I am herewith submitting the application for reinstatement with the Florida Department of State along with a check in the amount of #158.75 (\$150.00 application fee and \$8.75 for a Certificate of Status.)

Due to the fact that I didn't open my dental office until March 1, 2000, I had all business mail sent to my home at 21838 Palm Grass Drive, Boca Raton, FL 33428. I then moved to a new home 9683 Parkview Drive, Boca Raton, FL 33428. I never received the original corporation annual report/uniform business report and am requesting a waiver of the \$750 reinstatement fee. I would appreciate your consideration of my request.

After speaking with one of your representatives, I have made note of the fact that a report is sent by the State of Florida on or about January 1 of each year so that I can file all future reports in a timely fashion.

If you need any further information, please contact me.

Yours truly,


Stuart H. Elkin, D.M.D., P.A.

Enc.