

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082557

1. Corporation Name

RICARD FAMILY DENTISTRY, INC.

1818 PORT ST. LUCIE BLVD.

2. Principal Office Address

1818 PORT ST. LUCIE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

Zip

34952

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 9/13/1999

5. FEI Number

65-0950176

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100037342731
05/26/04--01049--026 **300.00

7. Name and Address of Current Registered Agent

Name

ARTURO RICARD

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

5606 SW HONEY TERRACE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

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
P	ARTURO RICARD	5606 SW HONEY TERRACE	PALM CITY, FL 34990
VP	MARIA RICARD	5606 SW HONEY TERRACE	PALM CITY, FL 34990

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:

Arturo Ricard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-12-04

Daytime Phone #

772-348-4680

CR2E081 (01/04)

Attachment

P99000082557

P99000082557

May 10th, 2004

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Ricard Family Dentistry, Inc.
P99000082557
65-0950176
Corporate Reinstatement form

To Whom It May Concern:

Enclosed you will find a copy of my State of Florida Corporate Reinstatement form. We were completely unaware that our corporate status was being dissolved, as we never received the Annual report forms. We had discovered this oversight when we went online to file and pay our 2004 annual report. To this point we have never received our annual report forms for the year 2003. We had no desire to avoid these forms we simply never received them. In light of the fact that we never received the forms to file our annual report we would request that you accept the enclosed check in the amount of \$300.00 for the annual fee for the year 2003 and the fee for 2004, and reinstate our corporate status as soon as possible. Please abate the penalties on our account and reinstate us as shown on the enclosed reinstatement form. If you have any further questions on our account please contact our accountant, Chuck Clark, directly at 772-283-7364; or you may reach me directly at my office at 772-398-4680. Thank you in advance for your time and consideration in this matter.

Sincerely,


Dr. Arturo Ricard