

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 21 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100089587521
02/27/07--01029--023 **450.00

CR2E081 (1/07)

05107

DOCUMENT # **PA9000083354**

1. Corporation Name

Michael J. Fernandez, D.M.S., P.A.

NOT-7446

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

9009 Park Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

9009 Park Blvd

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

Zip

Country

Zip

Country

33777 FL US

33777 US

4. Date Incorporated or Qualified
To Do Business in Florida

10/99

5. FEI Number

59-3602101

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

Michael Fernandez

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

9009 Park Blvd.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33777

☒ 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

Michael J. Fernandez
REGISTERED AGENT MUST SIGN

Date 2-9-07

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
President	Michael J. Fernandez	9009 Park Blvd	Seminole, FL 33777

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:

Michael J. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07

Date

727-397-6673

Daytime Phone #

JC 2/23