

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 MAY -7 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000093942**

1. Corporation Name

ALBERT B. BOHOLST, D.M.D., P.A.

Principal Place of Business

Mailing Address

5802 NORTH 22ND STREET
TAMPA FL 33610

5802 NORTH 22ND STREET
TAMPA FL 33610

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/26/1999	
City & State		City & State		5. FEI Number	
Zip		Country		SA-3604022	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4
PSTD	BOHOLST, ALBERT B DMD	5802 NORTH 22ND STREET	TAMPA FL 33610
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			the MONIRS AK

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name ALBERT B BOHOLST	
Street Address (P.O. Box Number is Not Acceptable) 5802 N 22ND ST	
Suite, Apt. #, Etc.	
City TAMPA	State FL
Zip Code 33610	

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 *Albert Boholst*
REGISTERED AGENT MUST SIGN

Date 11/14/00

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: *Albert Boholst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/14/00 Daytime Phone #

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From the desk of:
David A. Bankston

Date: May 1, 2001

To: Florida Division of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Albert B. Boholst DMD PA
Federal ID# 59-3604622

I am the CPA for Dr. Boholst. He set up a corporation on October 26, 1999 and purchased an existing dental practice in December of that year. The dentist from whom he purchased the practice had two offices and continued practicing at the other office. Of course, a forwarding address was filed at the post office. Dr. Boholst tells me he had trouble receiving all of his mail until the forwarding on the other dentist expired. He insists he never received the corporate annual report or a 2nd notice. We have enclosed the "application for reinstatement" with two checks - \$150.00 for the 2000 annual report and another for the 2001 annual report. We respectfully ask that any late fees and reapplication fees be waived due to the above circumstances. If you need an annual report for 2001, (there are no changes), please send me one and we will return it promptly.

Please contact me if you need additional information. I can be reached at (813) 935-3861.

Thank you.

Mailing address:

8910 N. Dale Mabry Hwy. #12
Tampa, FL 33614