


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000093942			
1. Corporation Name ALBERT B BOHOLST DMD PA P99000093942			
2. Principal Office Address 5802 N 22ND ST Suite, Apt. #, etc.		3. Mailing Office Address 5802 N 22ND ST Suite, Apt. #, etc.	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33610	Country USA	Zip 33610	Country USA

FILED
03 AUG -7 PH 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800022291958
08/13/03--01055--026 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 10/26/99	
5. FEI Number 59-3604622	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
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

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 Albert Boholst	Date 8/6/03
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
PRST	ALBERT B BOHOLST	5802 N 22ND ST	TAMPA FL 33610
		02-0362	TS

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: **Albert Boholst** **8/6/03** **813 237 3969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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August 6, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn: Reinstatement Department

Re: Albert B. Boholst, DMD, PA

Yesterday I was informed by my CPA that my corporation was involuntarily dissolved for not paying the fee and filing the corporate annual report. The information you have on record is correct – name, address, registered agent – but I do not recall receiving an annual report or a notice of dissolution to which I would have certainly responded.

Enclosed is a check for \$300.00 for the annual report fee for 2002 and 2003. I am requesting that the reinstatement fee be waived for the reason mentioned above. In future years, I will make sure a report is filed regardless of whether I receive one from you or if I have to download and complete a blank form.

Sincerely,

Albert B. Boholst

Albert B. Boholst, DMD
President