

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000094044

1. Corporation Name

JOHN T. MCCANN, D.M.D., P.A.

Principal Place of Business

Mailing Address

~~4000 SHERIDAN ST~~
~~HOLLYWOOD FL 33021~~

~~4000 SHERIDAN ST~~
~~HOLLYWOOD FL 33021~~

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

2. New Principal Office Address, If Applicable
1325 S. Pine St.

3. New Mailing Office Address, If Applicable
1325 S. Pine St.

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Melbourne FL

City & State
Melbourne FL

Zip
32901

Country
USA

Zip
32901

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

65-0970831

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCCANN, JOHN T	4000 SHERIDAN ST 1325 S. Pine St. Suite 101	HOLLYWOOD FL 33021 Melbourne, FL 32901

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-11/27/01--01017--007

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCANN, JOHN T

~~4000 SHERIDAN ST~~ 1325 S. Pine St. Suite 101
~~HOLLYWOOD FL 33021~~ Melbourne, FL 32901

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

John T. McCann
REGISTERED AGENT MUST SIGN

Date 30 OCT 2001

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:

John T. McCann (John T. McCann)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 OCT 2001

Date

(321) 984-0034

Daytime Phone #