

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S 48781

1. Corporation Name

Martin D. Baloff, D.D.S., P.A.

Principal Place of Business

Mailing Address

1975 S. US 1
Fort Pierce, FL 34950

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

2. New Principal Office Address, if Applicable
1975 S. US 1

3. New Mailing Address, if Applicable
1975 S. US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

Zip
34950

Country
USA

Zip
34950

Country
USA

APPROVED AND FILED

96 NOV 25 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1991

5. FEI Number
65-0260772

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Baloff, Martin D.	1975 S. US 1	Fort Pierce FL 34950
			1 000020 1 706 1 -- 8 -12/02/96--01030--016 ###375.00 ###375.00

REINSTATEMENT 1996
A. Alau
11-25-96

B. Name and Address of Current Registered Agent

Baloff, Martin D.
1975 S. US 1
Fort Pierce, FL 34950

C. Name and Address of New Registered Agent

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11-22-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-96
501
466-2566

Date Daytime Phone #