

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # S70521

1. Corporation Name
KIMBERLY ANN BRACKETT, D.D.S., P.A.

Principal Place of Business
1114 E. PALMETTO AVE.
MELBOURNE FL 32901

Mailing Address
1114 E. PALMETTO AVE.
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip

4. Date Incorporated or Qualified To Do Business in Florida
07/29/1991

5. FEI Number
59-3077404

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
P	BRACKETT, KIMBERLY ANN	1114 E. PALMETTO AVE.	MELBOURNE FL 32901

8. Name and Address of Current Registered Agent
EVERETT, RITA C CPA -
200 RIVERSIDE DRIVE
MELBOURNE BEACH FL 32954

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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
Date

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: NOV 5, 2001 321 722 0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #



2022
THOMAS P. FLAVIN & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

330 Fifth Avenue ■ Indianantic, Florida 32903 ■ Tel. 321 / 725-4700 ■ Fax 321 / 725-0074

October 24, 2001

Florida Department of State
Division of Corporations
Annual Report Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Kimberly Ann Brackett, D.D.S., P.A.
59-3077404
Document # S70521

Please find copy of 2001 Uniform Business Report that was filed in April 2001 and a copy of the check for \$150.00. We do not see that this check ever cleared Dr. Brackett's account. This firm filed the return with the payment on April 26, 2001.

Please accept the report and the replacement check for \$150.00. We have also filled out the Application for Reinstatement.

Thank you for your assistance with this matter.

Sincerely,

Angela M. Doswell