

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 22 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **571782**

1. Corporation Name

Richard W. Kaplan, D.D.S., M.D., P.A.

~~1464000013825~~

2. Principal Office Address - No P.O. Box #

5305 Greenwood Avenue

Suite, Apt. #, etc.

Suite 201

City & State

West Palm Beach, Florida

Zip

33407

Country

US

3. Mailing Office Address

5305 Greenwood Avenue

Suite, Apt. #, etc.

Suite 201

City & State

West Palm Beach, Florida

Zip

33407

Country

US

500147023565

03/24/09--01007--007 **308.75

CR2E081 (12/08)

REINSTATEMENT

67-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/08/1991

5. FEI Number

650281828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard W. Kaplan

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

5305 Greenwood Avenue

Suite, Apt. #, Etc.

Suite 201

City

West Palm Beach

State

FL

Zip Code

33407

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

RWK

Date **3/18/2009**

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
VP	Susan Ellen Kaplan	5305 Greenwood Ave, #201	West Palm Beach, FL 33407
Dr.	Richard Wayne Kaplan	5305 Greenwood Ave, #201	West Palm Beach, FL 33407

3/18/23

500147023565

04/09/09--01044--005 **150.00

REINSTATEMENT 07-09

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 contained in Chapter 119, 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:

RWK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2009 561-848-0553

Date

Daytime Phone #