

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90016**

1. Corporation Name

NICHOLAS F. COLMENARES, DDS, P.A.

Principal Place of Business

710 OAKFIELD DRIVE
105
BRANDON FL 33511

Mailing Address

710 OAKFIELD DRIVE
105
BRANDON FL 33511

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1991

5. FEI Number

59-1366453

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLMENARES, NICHOLAS F.	710 OAKFIELD DRIVE # 105	BRANDON FL

900023750399
10/13/03--01066--025 **150.00

8. Name and Address of Current Registered Agent

COLMENARES, NICHOLAS F.
710 OAKFIELD DRIVE
105
BRANDON FL 33511

9. 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. or 617.0505, F.S.

Signature of
Registered Agent

Nicholas F. Colmenares
REGISTERED AGENT MUST SIGN

Date *Oct 9, 2003*

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

Nicholas F. Colmenares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

N. F. COLMENARES, D.D.S.

Oral Surgery and Maxillo-Facial Surgery



October 9, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

Dear Secretary Hood:

I have not received either of the UBR notices pertaining to the renewal of this corporation. Enclosed, please find the \$150.00 renewal fee.

Sincerely,


N.F. Colmenares, D.S.S.

NFC/dlw