

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Kathleen Harris
 Secretary
 DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 1:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S97383**
 1. Corporation Name
JEAN-JACQUES EDDERAI, D.D.S., P.A.

Principal Place of Business	Mailing Address
17101 NE 19 AVE SUITE 104 N MIAMI BEACH FL 33162	17101 NE 19 AVE SUITE 104 N MIAMI BEACH FL 33162



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

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

4. Date Incorporated or Qualified To Do Business in Florida	11/27/1991
5. FEI Number	65-0297984
<input type="checkbox"/> APPLIED FOR <input type="checkbox"/> NOT APPLICABLE	
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EDDERAI, JEAN-JACQUES	1261 KANE CONCOUSE	BAY HARBOR ISLANDS FL

8. Name and Address of Current Registered Agent
EDDERAI, JEAN-JACQUES
 17101 NE 19 AVE
 SUITE 104
 N MIAMI BEACH FL 33162

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
FL

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:
 REGISTERED AGENT MUST SIGN 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE2640 (8/01)

OCT-30-2001(TUE) 18:07 ISAAC SALVER

(FAX) 3058649599

P. 001/001

20/2

Jean Jacques Edderai, DDS, P.A.
17101 NE 19 Avenue
Suite 104
North Miami Beach, Florida 33162

October 30, 2001

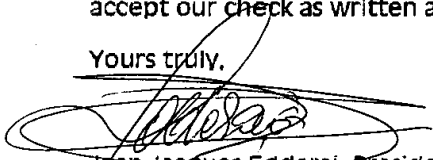
Leslie Sellers, Document Specialist
Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

RE: Annual Report - Jean Jacques Edderai, DDS, P.A..
Acct: **597383**

Dear Leslie:

In my letter dated October 11, 2001 I erroneously referred to the Notice of Dissolution, as the "second notice." That was not the case. The notice enclosed was the only notice received all year. Please accept our check as written and adjust our account accordingly.

Yours truly,



Jean Jacques Edderai, President

ADLER CLYDE

RECEIVED BY: [illegible]
DATE: [illegible]
TIME: [illegible]