

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 27 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19841

1. Corporation Name

Jupiter Family Dentistry, P.A.

REINSTATEMENT 97-07

2. Principal Office Address - No P.O. Box #
6779 West Indiantown Road

3. Mailing Office Address
6779 West Indiantown Road

Suite, Apt. #, etc.
Suite 17

Suite, Apt. #, etc.
Suite 17

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33458

Country
US

Zip
33458

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 03/10/1992

5. FEI Number
65-0334821

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
Donald L Wolfe

Street Address (P.O. Box Number is Not Acceptable)
6779 West Indiantown Road

Suite, Apt. #, Etc.
Suite 17

City
Jupiter

State Zip Code
FL 33458

☐ 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

Date

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
D	Donald L Wolfe	6779 Indiantown Road, Suite 17	Jupiter, FL 33458

000108660850
08/27/07--01048--023 **2250.00

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.

561-746-2332

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD L. WOLFE DDS PRES. Aug. 23, 2007