Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
www.filinginoregon.com

Registry Number: 56754790
Date of Incorporation: 12/26/2008
Type: DOMESTIC PROFESSIONAL CORPORATION

FILED
DEC 07 2018
OREGON
SECRETARY OF STATE

RE: JACOB O LAYER, DMD, P.C.

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit $200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 02/22/2018

The reason(s) for administrative dissolution has been eliminated or did not exist.

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: _____ Date: 12/6/18
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

JACOB O LAYER, DMD, P.C.



56754790-19575150 REIANA

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REINSTATEMENT ANNUAL REPORT
Registry Number: 56754790
Date of Incorporation: 12/26/2008
Type: DOMESTIC PROFESSIONAL CORPORATION

JACOB O LAYER, DMD, P.C.
4770 CLOUDCREST DR
MEDFORD OR 97504

Name of Domestic Professional Corporation
JACOB O LAYER, DMD, P.C.
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form.

Registered Agent
JACOB LAYER
1485 E MCANDREWS RD
MEDFORD OR 97504

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
1485 E MCANDREWS RD
MEDFORD OR 97504

3) Mailing Address (Address,city,state,zip)
4770 CLOUDCREST DR
MEDFORD OR 97504

4) President (Name & Address)
JACOB LAYER
1485 E MCANDREWS RD
MEDFORD OR 97504

5) Secretary (Name & Address)
JACOB LAYER
1485 E MCANDREWS RD
MEDFORD OR 97504

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature 

7) Printed Name Jacob Layer

8) Date 12/6/18

9) Phone Number (541)890-7500

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
12/06/18