



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

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

Registry Number: 119763894  
Date of Incorporation: 03/14/2016  
Type: DOMESTIC PROFESSIONAL CORPORATION

FILED: JUN 11, 2021  
OREGON SECRETARY OF STATE



119763894-22281458

J. KOLBY ROBINSON, DMD, PC

REIANA

RE: J. KOLBY ROBINSON, DMD, PC

APPLICATION FOR REINSTATEMENT/REACTIVATION

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

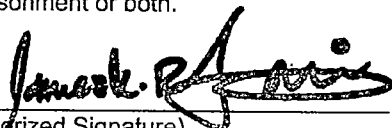
Submit \$200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 05/13/2021

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: 06/10/21  
(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



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**REINSTATEMENT ANNUAL REPORT**  
**Registry Number: 119763894**  
**Date of Incorporation: 03/14/2016**  
**Type: DOMESTIC PROFESSIONAL CORPORATION**

J. KOLBY ROBINSON, DMD, PC  
1291 EAST MCANDREWS RD  
MEDFORD OR 97504

**Name of Domestic Professional Corporation**

J. KOLBY ROBINSON, DMD, PC

**Jurisdiction:** OREGON

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

**Registered Agent**

HBC REGISTERED AGENT LLC  
15350 SW SEQUOIA PKWY STE 250  
PORTLAND OR 97224

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)**

1291 E MCANDREWS RD  
MEDFORD OR 97504

**3) Mailing Address (Address,city,state,zip)**

1291 EAST MCANDREWS RD  
MEDFORD OR 97504

**4) President (Name & Address)**

JAMES KOLBY ROBINSON  
1291 E MCANDREWS RD  
MEDFORD OR 97504

**5) Secretary (Name & Address)**

JAMES KOLBY ROBINSON  
1291 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

James Kolby Robinson

8) Date

06/10/21

9) Phone Number

801-808-6934

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-  
06/07/21