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 NOV -3 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055096**

1. Corporation Name

CRAIG B. SCHROEDER D.D.S., P.A.

Principal Place of Business	Mailing Address
1045 E. ATLANTIC AVE. SUITE 304 DELRAY BEACH FL 33483	1045 E. ATLANTIC AVE. SUITE 304 DELRAY BEACH FL 33483

REINSTATEMENT 03

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	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1994

5. FEI Number: 65-0525752 ☐ 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	SCHROEDER, CRAIG B D.D.S.	1045 E. ATLANTIC AVE., #304	DELRAY BEACH FL 33483

700024346717
11/03/03--01006--003 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHROEDER, CRAIG B 1045 E. ATLANTIC AVE #304 DELRAY BEACH FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 _____ Date 10/22/03
REGISTERED AGENT MUST SIGN

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 #

CRAIG B. SCHROEDER D.D.S., P.A.
1045 E. ATLANTIC AVE. ,SUITE 304
DELRAY BEACH, FL 33483
(561) 278-0388

October 22,2003

Dear Divisions of Corporations:

Please find enclosed a check for $150.00 for the UBR renewal fee. I was performing duty with the Army during the time this notice was mailed and it must not have been received in my office. If there are any questions please feel free to contact my office. Your consideration to my situation will be appreciated.

SINCERELY,

CRAIG B. SCHROEDER DDS