

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

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0525752

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/03

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 #

CR2E040 (7/03)

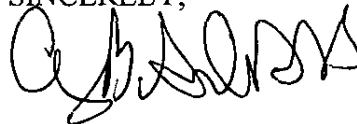
CRAIG B. SCHROEDER D.D.S., P.A.
1045 E. ATLANTIC AVE. , SUITE 304
DELRAY BEACH, FL 33483
(561) 278-0388

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,

A handwritten signature in black ink, appearing to read 'Craig B. Schroeder', written in a cursive style.

CRAIG B. SCHROEDER DDS