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 OCT 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000005933**

1. Corporation Name

SCOTT SCHEURICH, D.M.D., P.A.

REINSTATEMENT 63

100023900361
10/17/03--01033--024 **150.00

Principal Place of Business	Mailing Address
5528 N DAVIS HWY BLDG B PENSACOLA FL 32503	5528 N DAVIS HWY BLDG B PENSACOLA FL 32503

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: 01/15/1997

5. FEI Number: 59-3426121 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SCHENRICH, SCOTT DMD Scheurich	5528 N DAVIS HWY, BLDG B	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent

CHASE, JAMES L
101 EAST GOVERNMENT ST
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

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: SIGNATURE REQUIRED — Date: 10-10-03
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 REQUIRED — 10-10-03 — 850 474-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Scott Scheurich D.M.D.

Telephone 850-474-0404
Fax 850-474-0402

5528 North Davis Hwy. Bldg. B
Pensacola, FL 32503

10.10.03

To Whom It May Concern:

My office never received either of the two prior UBR notices sent to us. Please not the incorrect spelling of the owners name on the reinstatement application. Enclosed is a check for the $ 150.00 reinstatement fees.

Thank you.

Scott Scheurich