PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

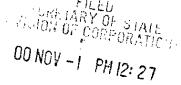
DOCUMENT # K15781

1. Corporation Name

JAMES M. KORNEGAY, D.D.S., P.A.

Principal Place of Business

Mailing Address

% JAMES M. KORNEGAY 1617 CATALINA BLVD DELTONA FL 32738 % JAMES M. KORNEGAY -1617-GATALINA BLVD 

DELTONA FL 32738	— DELTONA FL 32738——			
If above addresses are incorrect in any way, line	through incorrect information and enter correction below.			
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida	02/16/1988	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Po B 390 189	5. FEI Number	Applied For	
City & State	City & State City & State Country Country	59-2874095	Not Applicab	
in Country		6.	\$8.75 Additional Fee requi	

Country 7 San Country 6.	City & State		Caty & State		FL.	00 201 4000		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Title(s) Name of Officers and/or Directors 2 City / State / Zip 4 City / State / Zip A D KORNEGAY, JAMES M. 1500 N PENINSULA AVE NEW SMYRNA BCH FL 300003471863— -11/21/00—01025—004 *****150.00 *****150.	Zip		Country					OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip	7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flor	ida nonpro		ast 3 directors)		
300003471863- -11/21/0001025004 ****150.00 ****150.	Title(s)		Name of Officers			Street Address of Each	1		// State / Zip
****150.00 ****150.	<u></u> -	 			1500 N PENINSULA AVE		NEW SMYRNA BCH FL		
****150.00 ****150.							· · · · · · · · · · · · · · · · · · ·		
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Buille		-					10	****15U.t	
	,				_ 		The state of the s	1116	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		8. Nan	ne and Address of Curren	t Registered Age	nt		9. Name and	Address of New Registe	red Agent

KORNEGAY, JAMES M.

Street Address (P.O. Box Number is Not Acceptable)

1617 CATALINA BLVD

DELTONA FL 32738

Suite, Apt. #, Etc.

City

State 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.

Signature of Registered Agent HATKINGERSOUIRED
REGISTERED AGENT MUST SIGN

Date 10/25/00

11. I certify that I m 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

HARLES M. KORNEGAY 10/25/00 904 789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #799

0011180





October 27, 2000

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: James M. Kornegay, D.D.S., P.A.

F.E.I. #: 59-2874095

To Whom It May Concern:

We recently received a Notice of Administrative Dissolution or Revocation regarding our 2000 Uniform Business Report. While we will promptly pay the \$150, we request abatement of the extra \$600. James M. Kornegay, D.D.S., P.A. never received a First Notice to file a 2000 Uniform Business Report as the address to which it was sent was incorrect. Therefore, we request that the \$600 fee be removed and James M. Kornegay, D.D.S., P.A. be reinstated as a Florida corporation.

Thank you for your consideration.

Sincerely, Jeff Wilson/KD

Jeff Wilson Accountant