

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -1 PM 12:27

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 CATALINA BLVD~~  
~~DELTONA FL 32738~~



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

02/16/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POB 390189

City & State

City & State

DELTONA FL

Zip

Country

Zip

32739

Country

Volusia

5. FEI Number

59-2874095

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	KORNEGAY, JAMES M.	1500 N PENINSULA AVE	NEW SMYRNA BCH FL

300003471863--2  
-11/21/00--01025--004  
\*\*\*\*150.00 \*\*\*\*150.00

12/1/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORNEGAY, JAMES M.  
1617 CATALINA BLVD  
DELTONA FL 32738

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.

Signature of  
Registered Agent

*James M. Kornegay*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/25/00

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:

*James M. Kornegay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00 904 789  
Daytime Phone # 7990

CR2E040 (8/00)



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