

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2015-2016



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 284675

1. Corporation Name

CIPRIS & WALKER DENTAL LABORATORY, INC

2. Principal Office Address - No P.O. Box #

923 W. DIXIE AVENUE

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

Zip

34748

Country

USA

3. Mailing Office Address

923 W. DIXIE AVENUE

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

Zip

34748

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

AUGUST 31, 1964

5. FEI Number

591056200

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD S. SOLANICK, PRESIDENT

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

923 W. DIXIE AVENUE

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34748

400288431634  
07/27/16--01030--001 \*\*908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Ronald S. Solanick, President*

Date 7-20-2016

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	RONALD S. SOLANICK	923 W. DIXIE AVENUE	LEESBURG, FL 34748
S/T	DEBORAH A. SOLANICK	923 W. DIXIE AVENUE	LEESBURG, FL 34748

10. E-mail Address: CIPRISWALKERDENTAL@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Deborah A. Solanick*

DEBORAH A. SOLANICK, S/T 7-20-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #