

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1996- REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 452323			
1. Corporation Name Frederick W. Mueller, Dental Laboratory, Inc.			
Principal Place of Business 724 S. Magnolia Ave Ocala, FL 34474		Mailing Address 724 S. Magnolia Ave Ocala, FL 34474	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida July 1, 1974		5. FEI Number 59-1537212	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S T	Liselotte Mueller	804 N.W. 75th Terrace	Ocala, FL 34482
			800002301488--1 -09/23/97--01098--004 ****330.00 ****330.00
8. Name and Address of Current Registered Agent Frederick W. Mueller 21389 SW 95th Street Road Dunnellon, FL 34431		9. Name and Address of New Registered Agent Name Liselotte Mueller Street Address (P.O. Box Number is Not Acceptable) 804 NW 75th Terrace Suite, Apt. #, Etc. City Ocala State FL Zip Code 34482	
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 Liselotte Mueller REGISTERED AGENT MUST SIGN Date 9-8-1997			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: Liselotte Mueller		Liselotte Mueller 9-8-97 352 861-0933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 17 AM 10:25

fee
Reinst waived -
Sp proper notice
9/17/97 not received

CR2E040 (12/96)