

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 NOV -3 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 462831

1. Corporation Name

KEVIN R. JURECKO, D.D.S., P.A.

Principal Place of Business

Mailing Address

3010 S FIRST ST., STE B  
LAKE CITY FL 32025

340 NW 76TH DRIVE  
GAINESVILLE FL 32605



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

2086 S. Main Blvd.

2086 S. Main Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

113

113

City & State

City & State

Lake City, Fla.

Lake City, Fla.

Zip

Country

Zip

Country

32025

Columbia

32025

Columbia

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1974

5. FEI Number

59-1560008

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
PD	JURECKO, KEVIN P	340 NW 76TH DRIVE	GAINESVILLE FL 32609

800024376168

11/03/03--01036--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JURECKO, KEVIN R

340 NW 76TH DRIVE

GAINESVILLE FL 32607

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Lake City Fla

FL

32025

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  
REGISTERED AGENT MUST SIGN

Date

23 Oct 03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED  
Kevin R. Jurecko D.D.S.

22 Oct 03

CR2E040 (7/03)

October 28, 2003

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
Division of Corporations

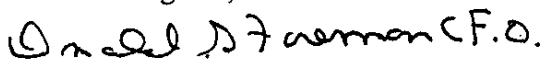
Dear Ms. Hood,

Please waive the penalty associated with reinstating the corporate status of Kevin R. Jurecko, D.D.S., P.A. We did not receive the prior two business reports. Our address is different then the one shown on this report.

For your records the address is as follows:

Kevin R. Jurecko, D.D.S., P.A.  
2086 S. Main Blvd.  
Lake City, Fl 32025

In kindest regards,

Donald G. Foreman C.F.O.

Donald G. Foreman C.F.O.