

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 DEC 15 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 475781

1. Corporation Name

WILLIAM O. SHUMPERT JR., D.D.S., P.A.

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

1800 SE 3rd Avenue

Suite, Apt. #, etc.

Suite A

City & State

Fort Lauderdale, Florida

Zip

33316

Country

3. Mailing Office Address

1800 SE 3rd Avenue

Suite, Apt. #, etc.

Suite A

City & State

Fort Lauderdale, Florida

Zip

33316

Country

**7. Name and Address of Current Registered Agent**

Name

William O. Shumbert Jr.

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

1800 SE 3rd Avenue

Suite, Apt. #, Etc.

Suite A

City

Fort Lauderdale

State

FL

Zip Code

33316

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1975

5. FEI Number

59-2271946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 By: *William O. Shumbert Jr.*

William O. Shumbert Jr.

REGISTERED AGENT MUST SIGN

Date

12/10/08

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip             |
|--------|--------------------------------------|---------------------------------------------------|--------------------------------|
| PSTD   | Shumbert, William O. Jr.             | 1800 SE 3rd Avenue, Suite A                       | Fort Lauderdale, Florida 33316 |
|        |                                      |                                                   |                                |
|        |                                      |                                                   |                                |
|        |                                      |                                                   |                                |
|        |                                      |                                                   |                                |
|        |                                      |                                                   |                                |
|        |                                      |                                                   |                                |

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10. 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 contained in Chapter 119, 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: *William O. Shumbert Jr.*

William O. Shumbert Jr., President

Date

12/10/08 954-467-0378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #