

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATE
ANNUAL
APPLICATION
RPT. FOR
REINSTATEMENT
1994-1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Charter # 476682

1. Corporation Name

RONALD H STAHNKE DDS PA
9-26-94

Principal Place of Business

Mailing Address

1044 CASTELLO DR #201
NAPLES FL 33940

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-1592443

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres Treas.	RONALD H STAHNKE	1044 CASTELLO DR #201	NAPLES FL 33940
Sec	MARY LYNN STAHNKE	1044 CASTELLO DR #201	NAPLES FL 33940

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	RONALD H STAHNKE
Street Address (P.O. Box Number is Not Acceptable)	1044 CASTELLO DR #201
Suite, Apt. #, Etc.	
City	NAPLES
State	FL
Zip Code	33940

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

Ronald H Stahnke

REGISTERED AGENT MUST SIGN

Date 3/1/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Ronald H Stahnke DDS RONALD H STAHNKE DDS

Date

Daytime Phone #

3/1/96 941-262-1764