

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 28 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

544258

1. Corporation Name

R. R. REED, DDS, PA

2. Principal Office Address

2720 SE 17<sup>th</sup> ST

3. Mailing Office Address

2720 SE 17<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA, FL

Zip

34471

Country

MARION

Zip

34471

Country

MARION

4. Date Incorporated or Qualified  
To Do Business in Florida

1977

5. FEI Number

59-1771920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 80-03

7. Name and Address of Current Registered Agent

Name

R. R. REED, DDS

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

2720 SE 17<sup>th</sup> ST

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

*R. R. Reed*

Date

4-23-03

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
Pres	R. R. REED DDS	2720 SE 17 <sup>th</sup> ST	OCALA, FL 34471

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04/28/03--01084--014 \*\*3135.00

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 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:

*R. R. Reed* R. R. REED, DDS

4-23-03

Date

352 732511

Daytime Phone #

CR2E081 (10/02)