

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

566686

1. Corporation Name

CONCEPT TWO DENTAL, INC.

2. Principal Office Address

8320 W. SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 215

City & State

PLANTATION, FL

Zip

33322

Country

USA

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida -

2/28/1978

5. FEI Number

59-1814832

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2002 UBR

7. Name and Address of Current Registered Agent

Name

MARK L. SCHMIDT

600005097346--4

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

11920 S.W. 22 COURT

-03/12/02--01058--030

****450.00 ****450.00

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

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

Date 2/11/02

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
P	MARK L. SCHMIDT	11920 S.W. 22 CT.	DAVIE, FL 33325
S	CELIA SCHMIDT	11920 S.W. 22 CT.	DAVIE, FL 33325

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:

MARK L. SCHMIDT

2/11/02

(954) 472-6450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

CONCEPT TWO DENTAL, INC.

8320 W. Sunrise Boulevard, Suite 215
Plantation, FL 33322
Phone - 954.472.6450
Fax - 954.472.6420
E-Mail Address - bizops4mls@cs.com

February 13, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement
Concept Two Dental, Inc.
FEI No. 59-1814832

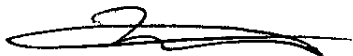
Ladies and Gentlemen:

Enclosed please find our completed Corporation Reinstatement Form, as well as Check No. in the amount of \$450.00 for the Annual Report Fees and Corporate Supplemental Fees for the years 2000, 2001 and 2002.

This letter is to request a waiver of penalty fees. We moved our office to 8320 W. Sunrise Boulevard, Suite 215, Plantation, Florida 33322 in August of 1999, and never received the Notices, due to this change of address. After realizing our status was inactive, we phoned the Division of Corporations and spoke to a representative, who explained they have on record that they attempted to send the "2000" Notice, but it was returned as undeliverable.

We look forward to reinstating our Corporation. If you have any questions or comments, please do not hesitate to contact us.

Very truly yours,



Mark L. Schmidt
President

MLS:dlv

Enclosures