

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 567970

1. Corporation Name

Gilbert A. Principe DMD. PA.

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

2461 Jennifer Hope Blvd

Suite, Apt. #, etc

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

Longwood FLA

City & State

Same

Zip

32779

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 6 1978

5. FEI Number

59-1807071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gilbert A. Principe

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

2461 Jennifer Hope Blvd

Suite, Apt. #, Etc.

Longwood FLA

City

State
FL

Zip Code

32779

☒ 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.

9 moved.

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

Gilbert A Principe DMD

REGISTERED AGENT MUST SIGN

Date 9/29/09

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	Gilbert A Principe	2461 Jennifer Hope Blvd	Longwood FL 32779
Sec	Gilbert A Principe	2461 Jennifer Hope Blvd	Longwood FL 32779

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:

Gilbert A Principe DMD. Gilbert A Principe DMD. 9/29/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 OCT 16 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800161387138
10/06/09--01025--003 **1500.00

REINSTATEMENT 00-09

800161387138
10/06/09--01025--004 **150.00

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10/06/09--01025--004 **8.75