

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583291

1. Corporation Name

DENTAL PRO LAB OF FLORIDA INC

2. Principal Office Address

6793 SW Hwy 200

Suite, Apt. #, etc.

3. Mailing Office Address

6220 W. CORPORATE OAKS DR

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34476

Country

USA

City & State

Crystal River FL

Zip

34429

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/1978

SP

5. FEI Number

59-1845042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

ROBERT SCHLUMBERGER

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

6220 W. CORPORATE OAKS DR

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State

FL

Zip Code

34429

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

Robert Schlumberger

REGISTERED AGENT MUST SIGN

Date

8/2/2000

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
PD	KENNETH C GUTHRIE	3600 SW 26th Ave	OCALA FL 34474
D	ROBERT SCHLUMBERGER	6220 W CORPORATE OAKS DR	CRYSTAL RIVER FL 34429
			5000003361925--0 -08/18/00--01041--005 ***1050.00 ***1050.00

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:

Robert Schlumberger
ROBERT SCHLUMBERGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/2000

Date

352-795-3691

Daytime Phone #