

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 18 AM 8:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 587678

1. Corporation Name

SWEETWATER DENTAL GROUP, P.A.

Principal Place of Business

Mailing Address

901 WEKIVA SPRINGS RD. LONGWOOD FL 32779-2501

901 WEKIVA SPRINGS RD. LONGWOOD FL 32779-2501



REINSTATEMENT 2000

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 Office 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

10/01/1978

5. FEI Number

59-1845956

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes officer: PTD GLASS, LEONARD N. 7951 LAKE ROSS LN. SANFORD FL.

000003455890--8 -11/07/00--01108--018 \*\*\*\*750.00 \*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLASS, LEONARD N. DDS. 901 WEKIVA SPRINGS RD. LONGWOOD, FL EDFFL 32779

Form for New Registered Agent with fields: Name, Street Address, Suite, City, State (FL), Zip Code.

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

SIGNATURE REQUIRED

Date 10/16/00

REGISTERED AGENT MUST SIGN

11. 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)(j), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00

(409) 862-3181 Daytime Phone #

CR2EG40 (6/00)