

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Donna B. McInnis
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 19 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 597157

1. Corporation Name

G. CLELLAND DENTAL LAB., INC.

Principal Place of Business
2800 E. COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

Mailing Address
2800 E. COMMERCIAL BLVD
FORT LAUDERDALE FL 33308



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-1875524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	CLELLAND, GORDON L.	2801 NE 59 ST	FORT LAUDERDALE FL
D	CLELLAND, PAULA S.	2801 NE 59 ST	FORT LAUDERDALE FL

600882353046--6
-11/20/97--01076--007
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLELLAND, GORDON
2801 N.E. 59TH STREET
FORT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

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

Gordon L. Clelland
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax)

AD

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gordon L. Clelland

11/13/97

954
491-7341

2

November 13, 1997

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: G. Clelland Dental Lab
2800 E. Commercial Blvd.
Ft. Lauderdale, fl. 33308

Gentlemen:

I never received my 1997 Annual Report for my Corporation, listed above. Now, I receive a "reinstatement form." This does not make any sense.

Enclosed is my payment in the amount of \$165.00 to cover the normal yearly fee. Please adjust my records accordingly. Thank you.

Sincerely,



Gordon L. Clelland

GLC
Encls.