

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 601871

1. Corporation Name

MAX L. GURLEY, D.D.S., P.A.

2. Principal Office Address

12425 N. Florida Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

12425 N. Florida Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

USA

Zip

33612

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/70

5. FEI Number

59-1452549

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

Dr. Max L. Gurley

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

12425 N. Florida Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

*Max L. Gurley D.D.S. PA*  
REGISTERED AGENT MUST SIGN

Date 09-01-05

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	Dr. Max L. Gurley	12425 N. Florida Avenue	Tampa, FL 33612

**REINSTATEMENT 04-05**

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:

*Max L. Gurley D.D.S. PA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-05

Date

813-935-9414

Daytime Phone #

CR2E081 (01/05)