PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

601871

1. Corporation Name

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

Principal Place of Business

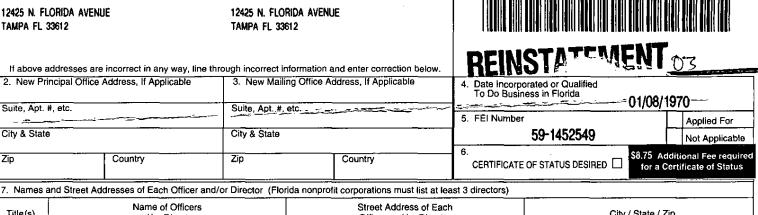
Mailing Address

12425 N. FLORIDA AVENUE

12425 N. FLORIDA AVENUE

FILED

03 OCT 29 PH 3:39



Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GURLEY, MAX L	12425 N FLORIDA AVE	TAMPA, FLORIDA 00000
	-		
			800024254708 10/29/0301057020 **750.00
*	œ [°]		
	8. Name and Address of Current Regis	tered Agent	9. Name and Address of New Registered Agent

Name GURLEY, MAX L Street Address (P.O. Box Number is Not Acceptable) 12425 N FLORIDA AVE Suite, Apt. #, Etc. **TAMPA FL 33612** City State 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. or 617.0505, F.S.

Registered Agen

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)(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.

OF SIGNING OFFICER OR DIRECTOR