

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -2 PM 3:25

DOCUMENT # 602188

1. Corporation Name

Walter E. MacDonell D.D.S. Professional Association

W09-8115

2. Principal Office Address - No P.O. Box #

17819 Southeast 125th Circle

Suite, Apt. #, etc.

City & State

Summerfield, Florida

Zip

34491

Country

USA

3. Mailing Office Address

17819 Southeast 125th Circle

Suite, Apt. #, etc.

City & State

Summerfield, Florida

Zip

34491

Country

USA

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/23/1970

5. FEI Number
59-1294778

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
Walter E. MacDonell D.D.S.

Street Address (P.O. Box Number is Not Acceptable)
17819 Southeast 125th Circle

Suite, Apt. #, Etc.

City
Summerfield, Florida

State
FL

Zip Code
34491

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 Walter E. MacDonell D.D.S. PA
REGISTERED AGENT MUST SIGN

Date 2-18-09

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	Walter E. MacDonell D.D.S.	17819 Southeast 125th Circle	Summerfield, Florida 34491

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 contained in Chapter 119, 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:

Walter E. MacDonell D.D.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter E. MacDonell D.D.S.

Date

2-25-09

352-307-5458

Daytime Phone #