

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -7 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 603090 (2)

**1. Corporation Name**

William J. Gill, D.D.S., P.A.

**2. Principal Office Address**

2509 W. Crest Ave., Ste 1  
Suite, Apt. #, etc.

**3. Mailing Office Address**

2509 W. Crest Ave., Ste 1  
Suite, Apt. #, etc.

**City & State**

Tampa, FL

**City & State**

Tampa, FL

**Zip** 33614 **Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/13/1971

**5. FEI Number**  
59-1386699

**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**  
Gill, William J.

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Florasilla D'Avila

**Suite, Apt. #, Etc.**

**City**  
Tampa

**State** FL **Zip Code** 33613

200013641482

03/07/03--01008--031 \*\*\*50.00

**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** William J. Gill  
**REGISTERED AGENT MUST SIGN**

**Date** 2-24-03

**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
P/D/T/S	Gill, William J.	1201 Florasilla D'Avila	Tampa, FL 33613

**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:** William J. Gill  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** 2-24-03

**Daytime Phone #** (813) 572-7909

CR2E081 (10/02)

February 21, 2003

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: William J. Gill, D.D.S., P.A.  
FEI: 59-1386699  
Document # 603090


Dear Sir/Madam:

This letter is written in order to reinstate the above referenced corporation with the State of Florida Division of Corporations. It was only recently learned that the corporation was dissolved on September 21, 2001. Since 1971, the corporation has annually filed the forms and paid the fees accordingly. I have no record of even receiving this form for 2001. I can only assume that the original form for 2001 was lost in the mail and therefore, not received. There would be no other reason for non-remittance of the form and the required payment.

I have enclosed a reinstatement form and a check for \$450. This check is for the 2001, 2002 and 2003 filings. I, respectfully, request abatement of the \$600 reinstatement fee due to the fact that the form was not received.

I thank you very much for your understanding in this matter. If you have any questions please call me at (813) 872-7909.

Sincerely,

  
William J. Gill  
President