

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 603622

1. Entity Name
DONALD LINTZENICH, D.D.S., P.A.



Principal Place of Business
1044 CASTELLO DR.
SUITE 109
NAPLES, FL 34103 US

Mailing Address
1044 CASTELLO DR.
SUITE 109
NAPLES, FL 34103 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004

REIN-P

CR2E098 (6/04)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINTZENICH, DONALD L.
4475 DOVER CT. #1104
NAPLES, FL 34109

Name LINTZENICH, DONALD L.

Street Address (P.O. Box Number is Not Acceptable)
4789 ALBERTON CT. #3204

City NAPLES

FL Zip Code 34105

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald L. Lintzenich*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

10/25/04
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LINTZENICH, DONALD L.
STREET ADDRESS 4475 DOVER CT #1104
CITY-ST-ZIP NAPLES, FL 34109 ☐ Delete

TITLE D
NAME DONALD L. LINTZENICH
STREET ADDRESS 4789 ALBERTON CT. #3204
CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☒ Addition

TITLE S
NAME LINTZENICH, MADONNA S.
STREET ADDRESS 4475 DOVER CT #1104
CITY-ST-ZIP NAPLES, FL 34109 ☐ Delete

TITLE D
NAME MADONNA LINTZENICH
STREET ADDRESS 4789 ALBERTON CT. #3204
CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald L. Lintzenich* DONALD L. LINTZENICH 10/25/04 239-262-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

04 OCT 28 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

