

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 NOV 22 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **612556**

1. Corporation Name

W.K. WILTISON, DDS., P.A.

Principal Place of Business

Mailing Address

11516 OAKHURST ROAD
 LARGO FL 33774
 US

11516 OAKHURST ROAD
 LARGO FL 33774
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *2000*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/12/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1892495

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	WILTISON, WILLIAM K	11516 OAKHURST RD	LARGO FL 33774
			200003499742--7 12/13/00 01071 006 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILTISON, W.K. DDS
 11516 OAKHURST RD
 LARGO FL 33774

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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.

Signature of Registered Agent *W.K. Wiltison, DDS*
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10-16-00

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.

SIGNATURE: *W.K. Wiltison, DDS, P.A.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 W.K. Wiltison, DDS, P.A.

Date 727-596-3991
 Daytime Phone #

CR2E040 (8/00)