

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626626

1. Corporation Name

Macro Dental Laboratories, Inc

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

235 W Main Street

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

Orange

3. Mailing Office Address

4357 Virginia Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32814

Country

Orange

10/27

CR2E081 (12/08)

REINSTATEMENT 08-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/19/1979

5. FEI Number
591910139

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

Roberta S Eicher

Street Address (P.O. Box Number is Not Acceptable)

4357 Virginia Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32814

☒ 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.

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

Roberta S Eicher
REGISTERED AGENT MUST SIGN

Date 10-23-2009

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
Pres	Roberta S Eicher	4357 Virginia Drive	Orlando, FL 32814
VP	Jeffrey M Eicher	4357 Virginia Drive	Orlando, FL 32814

300162183463
10/26/09--01064--017 **1200.00

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:

Roberta S Eicher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-2009

Date

Daytime Phone #