

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 SEP 19 AM 8:39

RECEIVED OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 632192**

1. Corporation Name

ROGER A. GRACE, D.D.S., P.A.

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

28 RACETRACK RD NW

Suite, Apt. #, etc.

3. Mailing Office Address

28 RACETRACK RD NW

Suite, Apt. #, etc.

City & State

FT. WALTON BEACH FL

City & State

FT. WALTON BEACH FL

Zip

32547

Country

US

Zip

32547

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/79

5. FEI Number

59-1918801

☐ 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

ROGER A. GRACE

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

28 RACETRACK RD NW

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

**REINSTATEMENT**

100212307001  
09/19/11--01051--022 \*\*900.00

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

*Roger A. Grace*  
REGISTERED AGENT MUST SIGN

Date 09/15/2011

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	ROGER A. GRACE	28 RACETRACK RD NW	FORT WALTON BEACH, FL 32547

10. E-mail Address: GRACEDDS@MAC.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Roger A. Grace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/2011

Date

Daytime Phone #

850-863-2122