

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JAN 13 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 680223

1. Corporation Name

James A Padgett, D.D.S., P.A.

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

218 Avenue E

Suite, Apt. #, etc.

City & State

Apalachicola, FL

Zip

32320

Country

USA

3. Mailing Office Address

218 Avenue E

Suite, Apt. #, etc.

City & State

Apalachicola, FL

Zip

32320

Country

USA

REINSTATEMENT 83-11

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1980

5. FEI Number
598018446

☐ 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

Dr James A Padgett, Jr

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

379 East Bay Dr

Suite, Apt. #, Etc.

City

Eastpoint

State

FL

Zip Code

32328

700191330687
01/13/11--01031--010 **4950.00

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

Dr James A. Padgett
REGISTERED AGENT MUST SIGN

Date 01/10/2011

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	Dr. James A Padgett, Jr	379 East Bay Dr	Eastpoint, FL 32328
V	Andrea Padgett	379 East Bay Dr	Eastpoint, FL 32328

10. E-mail Address: apalach27@fairpoint.net

(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., 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.

SIGNATURE:

Dr James A. Padgett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2011

Date

850-653-9653

Daytime Phone #

1/14/2011