1	PLEASE READ	ALL INSTRUC	TIONS BEFORE C	OMPLETI	NG THIS FORM.		
REIN	PLICATION FOAD STATEMENT	Sandra Secre	ARTMENT OF STATE a B. Mortham etary of State of CORPORATIONS		APPROVE AND FILED		
DOCUMENT # 689526					97 NOV -6 PM 3	≒51	
1. Corpore				SECRETARY OF ST	De are		
PAUL D. HEIDRICH JR., DMD, P.A.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1950 MIZELL AVENUE WINTER PARK FL 32792		Malling Address 1950 Mizell Avenue Winter Park Fl 32792					
If above addresses are incorrect in any way, line through incorrect infor 2. New Principal Office Address, If Applicable 3. New Mailing 6			n and enter correction below. Address, If Applicable	Date Incorporated or Qualified To Do Business In Florida 09/29/1980			
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State			59-2030161	Not Applicable	
Zip Country		Zip Country		6. S8.75 Additional Fee required for a Certificate of Status			
	and Street Addresses of Each Officer and/ Name of Officers		Street Address of Each				
Title(s)	2		3 (Da NO) Use Post Office Box N		Numbers) City / State / Zip		
PD HEIDRICH, PAUL D JR		1950 MIZELL AVE		WINTER PK, FL 00000			
1.00				107 11	100023435 -11/10/9701 ****165.00	166026 ****165.00	
				Ψ	·		
8. Name and Address of Current Registered Agent HENDRICH, PAUL D 1950 MIZELL AVE WINTER PK, FL 32769			Suite, Apt. #, Etc.	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being appointed the registered ugent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature o Registered	Agent /	GISTERED AGENT MU	ST SIGN		Date 11-3-9	7	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intengible tax.)							
this rein	that I am an officer or director or the receivistatement application, the reason for dissory the corporation have been paid and the rapplication is true and accurate, and my signal.	lution has been eliminate ames of individuals listed	ed, the corporate name satisfies t d on this form do not qualify for a	he requirements in exemption und	of section 607.0401 or 617.040	i, F.S., that all fees	
SIGNA	TURE: SIGNATURE AND TYPED OR PRI	VIED NAME OF SIGNING	FFICER OR DIRECTOR		-3 · 5 7 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	6444441 time Phone #	