

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT**  
**ATLANTA DENT COMPANY, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

[Electronic Filing Menu](#)

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2016 JUL 28 AM 7:33

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT #** F08000000696

1. Corporation Name

ATLANTA DENT COMPANY, INC

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

993 Mansell Rd

Suite, Apt. #, etc.

Suite B

City &amp; State

Roswell, Georgia

Zip

30076

Country

US

3. Mailing Office Address

993 Mansell Rd

Suite, Apt. #, etc.

Suite B

City &amp; State

Roswell, Georgia

Zip

30076

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2008

5. FET Number

58-2517907

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

NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

NRAI Services, Inc.

*Janifer Vincent*, Vice President and Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date 07/28/2016

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	Troy Loupe	993 Mansell Road, Suite B	Roswell, GA 30076
VP	Roy Taylor	993 Mansell Road, Suite B	Roswell, GA 30076
<b>REINSTATEMENT</b>			
2010-2016			

10. E-mail Address: *alove@atlanta.dent.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:

*Roy Taylor*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-16

Date

Daytime Phone #

JUL 28 2016

L BERGER