

F1800005630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

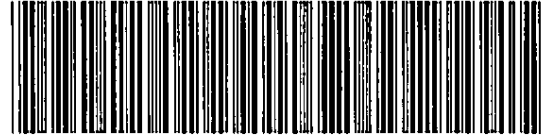
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



700321195737

12/06/18--01001--013 **70.00

Special Instructions to Filing Officer:

*Invested
RA Name
Corp. per Keyman Smith
12/7/18*

Office Use Only

FILED
2018 NOV 26 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL

*New
Foreign
NP
Corp.*

12/7/18

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2018

INTERNATIONAL ACADEMY OF ORAL MEDICINE & TOXICOLOGY
8297 CHAMPIONGATE BOULEVARD
SUITE #193
CHAMPIONSGATE, FL 33896

SUBJECT: INTERNATIONAL ACADEMY OF ORAL MEDICINE AND
TOXICOLOGY, INC.
Ref. Number: F05000007577

We have received your document for INTERNATIONAL ACADEMY OF ORAL
MEDICINE AND TOXICOLOGY, INC., however, upon receipt of your document
no check was enclosed. Please return your **document** along with a **check** or
money order made payable to the Department of State for \$70.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 718A00022481

RECEIVED
2018 NOV 26 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2018

KYM SMITH
8297 CHAMPIONSGATE BLVD. #193
CHAMPIONSGATE, FL 33896

SUBJECT: INTERNATIONAL ACADEMY OF ORAL MEDICINE AND
TOXICOLOGY, INC.
Ref. Number: F05000007577

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please correct number 2; also the certificate must state that the jurisdiction changed from Illinois to Oklahoma.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 118A00019527

RECEIVED

2018 OCT 29 PM 1:08

SECRETARY OF STATE

IL
Withdraw form
from website



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

KYM SMITH
211 KERNEYWOOD STREET
LAKELAND, FL 33809

SUBJECT: INTERNATIONAL ACADEMY OF ORAL MEDICINE AND
TOXICOLOGY, INC.
Ref. Number: F05000007577

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English. *need to order update certificate*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 918A00018348

RECEIVED
18 SEP 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Florida Department of State
Division of Corporations

Claretha Golden

8297 ChampionsGate Blvd., #193

ChampionsGate, FL 33896

Tel 863-420-6373

Fax 863-419-8136

IAOMT.org

Dear Ms Golden,

I have been trying to update the IAOMT's (International Academy of Oral Medicine and Toxicology) incorporation information in your data base. I am sorry I have had to take so much of your time.

Per our conversation, I have included the withdraw form to dissolve the IAOMT Illinois incorporation. I have also included the reinstatement form with our incorporation papers from the state of Oklahoma. We have not changed our status or business information, except for our incorporation in the state of Oklahoma instead of Illinois.

I hope I have provided everything you need. Thank you for all your time.

Sincerely,

Kym Smith
IAOMT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Academy of Oral Medicine and Toxicology
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kym Smith
Name of Person

International Academy of Oral Medicine and Toxicology
Firm/Company

8297 ChampionsGate Blvd #193
Address

ChampionsGate, FL 33896
City/State and Zip Code

Kym.smith@iaomt.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kym Smith at (863) 420-6373
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. International Academy of Oral Medicine and Toxicology, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oklahoma 3. 27-1914879
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb. 16, 2010 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 211 Kerneywood Street Lakeland, FL 33803
(Principal office address)

8297 ChampionsGate Blvd #193, ChampionsGate, FL 33896
(Current mailing address, if different)

8. Research and Education
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KYM SMITH
Office Address: 211 Kerneywood Street
Lakeland, Florida 33803
(City) (Zip Code)

2018 NOV 26 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kym Smith
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Jack Kall, DMD

Address: 2323 Lime Kiln Lane, Louisville, KY 40222

Vice Chairman: _____

Address: _____

Director: Kym Smith

Address: 8297 ChampionsGate Blvd #193, ChampionsGate, FL
33896

Director: _____

Address: _____

B. OFFICERS

President: Michael Rehme, DDS, NMD

Address: 2821 North Ballas #245, St. Louis, MO, 63131

Vice President: Carl W. McMillan, DMD

Address: 218-30 Ashville Ave, Cary NC 27518

Secretary: _____

Address: _____

Treasurer: Joe Palmer, DMD

Address: 134 Milestone Way Greenville, SC, 29616

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kym Smith
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kym Smith
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC NOT FOR PROFIT CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that INTERNATIONAL ACADEMY OF ORAL MEDICINE AND TOXICOLOGY, INC. whose registered agent is JAMES M LOVE with its registered office at 15 East Fifth Street Suite 3700 TULSA 74103 USA Oklahoma is a Domestic Not For Profit Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 12th, day of September, 2018.

A handwritten signature in cursive script, appearing to read "James M. Love", is written over a horizontal line.

Secretary Of State