

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F53871**

1. Corporation Name

COLLINS & MONTZ, D.M.D., P.A.

Principal Place of Business

Mailing Address

524 OCEAN AVE.
MELBOURNE BEACH FL 32951

524 OCEAN AVE.
MELBOURNE BEACH FL 32951

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1981

5. FEI Number

59-2136362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	MONTZ, R.D.	404 ANCHOR KEY	MELBOURNE BEACH FL 32951
P	COLLINS, J H	131 ISLAND VIEW DR	INDIAN HARBOR BCH FL 32937

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRESE, GARY-B
930 S HARBOR CITY BLVD #505
MELBOURNE FL 32901

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-22-03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03 (321) 725-6565
Date Daytime Phone #

Collins & Montz, D.M.D., P.A.
524 Ocean Avenue
Melbourne Beach, FL 32951
(321) 725-6565

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 23, 2003

Dear Sir:

Our corporation, Collins & Montz, D.M.D., P.A. received a Notice of Administrative Dissolution or Revocation, Document #F53871. Collins & Montz, D.M.D., P.A. did not receive the two prior uniform business report notices. Had we received the annual reports/uniform business reports we would have submitted them timely.

As you request in your document, we are enclosing the completed application for reinstatement, the \$150.00 UBR filing fee for a for-profit corporation, and this letter, which is signed by an officer of the corporation.

Thank you for taking care of our corporation's reinstatement.

Sincerely,

A handwritten signature in black ink, appearing to read "J H C DMD", written over the word "Sincerely,".

J. Hunter Collins, D.M.D.
President

Enclosures

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: COLLINS & MONTZ, D.M.D., P.A.

Document Number: F53871

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
19th day of September, 2003.



Glenda E. Hood

Glenda E. Hood
Secretary of State