

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000002611

1. Corporation Name

AESTHETIC & IMPLANT DENTISTRY OF NAPLES, INC.

Principal Place of Business

3400 TAMiami TRAIL NORTH STE 301
NAPLES FL 34103-3717

Mailing Address

3400 TAMiami TRAIL NORTH STE 301
NAPLES FL 34103-3717

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/16/1997

5. FEI Number

52-1934565

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	MATTSCHER, MARCELO W DDS	4751 GULF SHORE BLVD N #1003	NAPLES FL 34103
P	ARENA, DAWN M DDS	4751 GULF SHORE BLVD N#1003	NAPLES FL 34103

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11/05/02--01029--004 **150.00

02CUBR TO

8. Name and Address of Current Registered Agent

MATTSCHER, MARCELO W DDS
3400 TAMiami TRAIL NORTH STE 301
NAPLES FL 34103-3717

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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 SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/28/2002

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 649-4688



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Aesthetic & Implant Dentistry of Naples, Inc.

Marcelo W. Mattschei, D.D.S. ❖ Dawn M. Arena, D.D.S.

State Farm Building, Suite 301 ❖ 3400 Tamiami Trail North ❖ Naples, Florida 34103-3717

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

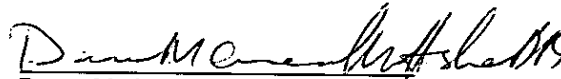
I am writing to address the Notice of Administrative Dissolution or Revocation that we recently received.

As you will see from our history, it is always our priority to maintain our current status and remit payment upon request. Unfortunately, we did not receive a request for payment and renewal for the period of 2002. Had we received notice we would have remitted payment in a timely fashion. After consulting with one of your representatives, we were advised to submit this letter and the regular fee, because we did not receive prior notification.

As always, we appreciate your attention in processing this payment for us as quickly as possible.

Sincerely,


Marcelo W. Mattschei


Dawn M. Arena-Mattschei

APPROVED:

FOR THE STATE OF FLORIDA
BY: TALLAHASSEE, FL 32314

DATE: 10/1/02