

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -8 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G56753

1. Corporation Name

ADVANCED DENTAL CONCEPTS, P.A.

1108-37733

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

4041 Highway 90

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

US

3. Mailing Office Address

4041 Highway 90

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

US

REINSTATEMENT

04-08

4. Date Incorporated or Qualified
To Do Business in Florida 09/01/83

5. FEI Number
59-2312936

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

Noel Lee Spurlock, D.D.S.

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

4041 Highway 90

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Noel Lee Spurlock
REGISTERED AGENT MUST SIGN

Date

8/4/08

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/D	Noel Lee Spurlock, D.D.S.	4041 Highway 90	Pace, FL 32571

300134093933
08/08/08--01003--002 **750.00

10. 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 contained in Chapter 119, 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:

Noel Lee Spurlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Noel Lee Spurlock

8/4/08

Date

850-994-8185

Daytime Phone #

7/18/08