PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # G96420

Tornwall, D.D.S. and Weerasooriya, D.M.D., P.A.
1861 Placida Road
Suite 106
Englewood, FL 34224

2. If Address in Block 1 is [illegible] correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

REINSTATEMENT 9/1

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 4/17/84

5. FEI Number: 59-2399967

FEI Number Applied For ☐

FEI Number Not Applicable ☐

6. [redacted]

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Ronald E. Tornwall	1861 Placida Road Suite 106	Englewood, FL 34224
VP	Chandeev Romesh Weerasooriya	1861 Placida Road Suite 106	Englewood, FL 34224

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****375.00 ****375.00

DBH 15-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Kerry E. Mack, Esquire
2022 Placida Road
Englewood, FL 34224

9. If changed, new registered agent / office

Name: W. Kevin Russell, Esquire
Street Address (Do NOT Use P.O. Box Number): 18501 Murdock Circle
Street Address (Do NOT Use P.O. Box Number): Sixth Floor
City: Port Charlotte State: FL Zip: 33948

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.

Signature of Registered Agent: W. Kevin Russell Date: 11/12/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director: W. Kevin Russell Date: 11/12/96 Daytime Phone # 941-625-0700

Typed or printed name of signing officer or director: W. Kevin Russell