


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 OCT 30 AM 9:26
 R 1031

DOCUMENT # **H24137**

1. Corporation Name
DENNIS C. CLOSE, D.D.S., P.A.

Principal Place of Business: 1327 E TENNESSEE ST, TALLAHASSEE FL 32308, US

Mailing Address: 2055 THOMASVILLE RD, B-307, TALLAHASSEE FL 32312, US

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



2. New Principal Office Address, If Applicable: 2929 Kerry Forest Pky, Tallahassee, Florida, 32308, U.S.

3. New Mailing Office Address, If Applicable: 2929 Kerry Forest Pky, Tallahassee, Florida, 32308, U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/1984

5. FEI Number: 59-2451152

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPS	CLOSE, DENNIS C., DDS	3444 LONGMEADOW DR.	SARASOTA FL

8. Name and Address of Current Registered Agent

HOAG, LYNN M.
 2055 THOMASVILLE RD
 APT B-307
 TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name: HOAG, Lynn
 Street Address (P.O. Box Number is Not Acceptable): ~~1767 Hermitage Blvd.~~
 Suite, Apt. #, Etc.: 7204 2929 Kerry Forest Pky.
 City: Tallahassee State: FL Zip Code: 32308

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: *Lynn M Hoag* REGISTERED AGENT MUST SIGN Date: 10/27/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Dennis C. Close* DATE: 10/27/97 DAYTIME PHONE #: 850 893 8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/97)