

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED


09 APR -9 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

000144011940  
04/10/09--01020--004 \*\*300.00  
CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H32140

1. Corporation Name

Gulf Coast Dental Center, Inc

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

259 E. Highland Blvd.

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34452

Country

USA

3. Mailing Office Address

259 E. Highland Blvd.

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34452

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

7.83

5. FEI Number

59-2473848

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

Martin Eshkov

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

259 E. Highland Blvd

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34452

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

Martin Eshkov

Date

1.17.09

REGISTERED AGENT MUST SIGN

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	Martin Eshkov	259 E Highland Blvd	Inverness, FL 34452
V	Fris Eshkov	259 E. Highland Blvd	Inverness, FL 34452

000144011940  
02/18/09--01036--014 \*\*150.00

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:

Martin Eshkov  
MARTIN Eshkov 1.17.09

Date

352.344-4797

Daytime Phone #

02/13