

\$900<sup>00</sup>

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 NOV -2 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H32140

1. Corporation Name

GULF COAST DENTAL CENTER, INC.

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

259 E HIGHLAND BLVD

3. Mailing Office Address

259 E HIGHLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34452

Country

USA

Zip

34452

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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, FL

State

FL

Zip Code

34452

000213915110  
11/02/11--01026--021 \*\*900.00

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

Date 10-28-2011

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

10. E-mail Address: bob@thebottmline.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Martin Eshkov*

10-28-11

352-637-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #