

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 22 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H37471

1. Corporation Name

James Reed Dental Laboratory, Inc.

2. Principal Office Address

1202 N. AMELIA AVENUE

3. Mailing Office Address

2501 S.E. Marius Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

Port St. Lucie, FL

Zip

32724

Country

U.S.A.

Zip

34952

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/1984

5. FEI Number

59-2490191

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

Tony Giovanoli c/o A. Anthony Giovanoli, P.A.

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

1565 Orange Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Tony Giovanoli
REGISTERED AGENT MUST SIGN

Date **12/20/06**

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
D,S,T	REED, DOROTHY M.	1202 N. AMELIA AVENUE	DELAND, FL 32724
D	REED, JAMES R.	1202 N. AMELIA AVENUE	DELAND, FL 32724

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12/22/06--01026--015 **458.75

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:

Dorothy M. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY M. REED 12/20/06

Date

772.335.4296

Daytime Phone #

G. Mitchell DEC 22 2006