

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR



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

FILED

02 OCT 25 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H59657

1. Corporation Name

JAMES T. CROWTHER, D.M.D., P.A.

Principal Place of Business

DR. JAMES T. CROWTHER
272 E. GRAVES AVE.
ORANGE CITY FL 32763

Mailing Address

DR. JAMES T. CROWTHER
272 E. GRAVES AVE.
ORANGE CITY FL 32763

Handwritten mark



2002 UBR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/31/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2541612

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
PVTS	CROWTHER, JAMES T	272 E. GRAVES AVE.	ORANGE CITY FL 32763

700008592757
10/25/02--01054--012 **150.00

8. Name and Address of Current Registered Agent

CROWTHER, JAMES T.
DR. JAMES T. CROWTHER
272 E. GRAVES AVE.
ORANGE CITY FL 32763

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

CR2ED40 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02 386-775-

Daytime Phone # 4300

October 21, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report
FEI 59-2541612
James T. Crowther, D.M.D.,P.A.

To Whom It May Concern:

Please accept this letter as a request to waive the late re-instatement fee for the above corporation.

As I received this notice on this date, I was dismayed at the notice to dissolve our corporation. I searched our computer records to see if indeed a check had been written, but it had not. Apparently, we have never received the notice for filing.

As it can be verified by past records, we have diligently paid our annual filing fee in a timely manner for 16 years. We are an active corporation with no intent to dissolve.

In light of the above circumstances, please consider our request for a waiver of reinstatement fees. A check for the filing fee of \$150 is enclosed herewith.

Your consideration to this request is deeply appreciated.

Most Sincerely,



James T. Crowther, DMD