

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

96 NOV -6 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H85205

1. Corporation Name

M.D. WITCHER, D.D.S., P.A.

Principal Place of Business

Mailing Address

879 E. Semoran Blvd.
Casselberry, FL 32707

~~210 Smokerise Blvd.~~
~~Suite 135~~
~~Longwood, FL 32779~~

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

2. New Principal Office Address, If Applicable

333 N. Ferncreek Avenue
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Orlando, FL 32803

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/85

5. FEI Number

59-2603829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P/S/T	WITCHER, MICHAEL D.	210 SMOKERISE BLVD. 121 Variety Tree Circle	LONGWOOD, FL 32779 Altamonte Springs, FL 32714

8. Name and Address of Current Registered Agent

Michael D. Witcher
210 Smokerise Boulevard
Suite 135
Longwood, FL 32779

9. Name and Address of New Registered Agent

Name

same

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

121 Variety Tree Circle

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

(11) Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 17, 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. 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]

Michael Witcher, President

11/5/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 145716 4326591

AUTHORIZATION :

Patricia Pijet

COST LIMIT : \$ 383.75

ORDER DATE : November 6, 1996

ORDER TIME : 10:44 AM

ORDER NO. : 145716-015

CUSTOMER NO: 4326591

CUSTOMER: Amy Eckard, Legal Assistant
Fowler White Gillen Boggs
501 East Kennedy Boulevard
Suite 1700
Tampa, FL 33602

DOMESTIC FILINGS

NAME: M.D. WITCHER, D.D.S., P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS

LB

RECEIVED
96 NOV - 6 AM 11:47
DIVISION OF CORPORATION