

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H92275

1. Corporation Name

BOB W. DEASON, D.D.S., P.A.

Principal Place of Business

765 MILLCREEK ROAD
JACKSONVILLE FL 32211

Mailing Address

765 MILLCREEK ROAD
JACKSONVILLE FL 32211

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1986

5. FEI Number

59-2614015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PST | DEASON, BOBBY W. | 1895 CORPORATE SQ. BV. | JACKSONVILLE FL |
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400009244524
11/27/02--01083--030 **150.00

8. Name and Address of Current Registered Agent

DEASON, BOB W
765 MILLCREEK ROAD
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bob W. Deason
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-19-02

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:

Bob W. Deason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02

Date

(904) 724-6321
Daytime Phone #

CR2E040 (8/02)

BOB W. DEASON, D.D.S., P.A.
& ASSOCIATES

General Dentistry
765 Mill Creek Road
Jacksonville, FL 32211
Telephone (904) 724-6321

November 20, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing to request that this application be a renewal rather than a reinstatement of our corporation status. The certificate of dissolution is the FIRST piece of correspondence of this matter for the year. You can check our past payment history to see that we have paid on time each year.

Enclosed please find a check in the amount of \$150 for the renewal fee.

If you have any further questions, please call me at 1-800-827-9620.

Thank you for your attention to this matter.

Sincerely,



Lisa H. Deason
Accounting Department