

JUL -14' 99 (WED) 11:09

MACFARLANE FERGUSON MCMULLEN

APPROVED

TEL: 442 8470

FILED

P. 002

JUL -12' 99 (MON) 11:39

MACFARLANE FERGUSON MCMULLEN

TEL: 442 8470

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1: 49

SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J23273

1. Corporation Name

M & B DENTAL LAB, INC.

Principal Place of Business

Mailing Address

29605 U.S. Hwy. 19 N., Suite 180
Clearwater, FL 34621

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

2. New Principal Office Address, if Applicable 1609 Hampton Court Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc.	4. Date incorporated or Qualified To Do Business in Florida 7/9/86
City & State Safety Harbor, FL 34695	City & State	5. FEI Number 59-2702664
Zip USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED ☐

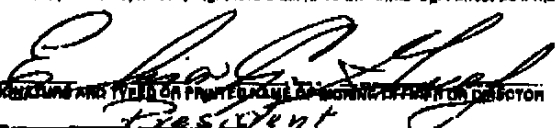
7. Names and Street Addresses of Each Officer and/or Director (Florida general corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PDS	Elisa A. Greenberg	1609 Hampton Court	Safety Harbor, FL 34695
VP	Melissa F. Greenberg	1609 Hampton Court	Safety Harbor, FL 34695
D	Lester B. Greenberg	1609 Hampton Court	Safety Harbor, FL 34695

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Elisa A. Greenberg 29605 U.S. Hwy 19 N., Suite 180 Clearwater, FL 34621	Name J. Paul Raymond Street Address (P.O. Box Number is Not Acceptable) 625 Court Street Suite, Apt. #, Etc. Suite 200 City Clearwater State FL Zip Code 33756

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.	Signature of Registered Agent 	Date 7/12/99
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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.)
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12. 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 118.07(3)(b), 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: 	7/12/99	305-969-0801
Signature and Title of Person Executing this Application on Behalf of Corporation President	Date	Telephone Number

H99000017201

AD

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MACFARLANE FERGUSON MCMULLEN

TEL: 442 8470

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P. 001

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

CORPORATION REINSTATEMENT

M & B DENTAL LAB, INC.

Certificate of Status	0
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