JUL. -14' 99(WED) 11:09 MACFARLANE FERGUSON MCMULLEN TEL:442 847[illegible] P. 002

JUL. -12' 99(MON) 11:39 MACFARLANE FERGUSON MCMULLEN TEL:442 8470 P. 002

APPROVED AND FILED

PB 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1999 JUL 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

H99000017201

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

REINSTATEMENT 98-99

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.
City & State
Safety Harbor, FL 34695
Zip
Country
USA

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/9/86

5. FEI Number: 59-2702664 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
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

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

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of Registered Agent: J. Paul Raymond — Date: 7/13/99

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

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 satisfied 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: Elisa A. Greenberg — 7/12/99 — 305-969-0801

SIGNATURE AND TITLE OF PRESIDENT, OFFICER OR DIRECTOR — Date — Daytime Phone #

President

H99000017201

AD

A2

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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(((H99000017201 7)))

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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
Certified Copy	0
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Estimated Charge	$900.00

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