

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # JS9567

1. Corporation Name

KEITH G. KANTER, D.D.S., P.A.

2. Principal Office Address

4861 S. Orange Ave.

Suite, Apt. #, etc.

Ste C

City & State

Orlando, FL

Zip

32806

Country

USA

3. Mailing Office Address

4861 S. Orange Ave.

Suite, Apt. #, etc.

Ste C

City & State

Orlando, FL

Zip

32806

Country

USA

REINSTATEMENT 96-04300037054793
05/24/04--01096--009 **1358.754. Date Incorporated or Qualified
To Do Business in Florida

2/24/1987

5. FEI Number

59-2782547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Keith G. Kanter

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

4861 S. Orange Ave.

Suite, Apt. #, Etc.

Suite C

City

Orlando

State

FL

Zip Code

32806

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentDate 5-19-2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Keith G. Kanter	3218 Downs Cove Road	Windermere, FL 34786

10. 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)(f), 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: 

President

X

X 5-19-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PS 2 g 2

KEITH G. KANTER, D.D.S.
Practice Limited to Endodontics

June 16, 2004

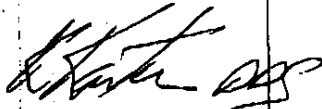
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

We have not received filing forms from 1996 to present. We are requesting that the penalties be waived.

If you have any questions, feel free to call the below number.

Very truly yours;



Keith G. Kanter D.D.S. P.A.

KGK/mf