

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J73286

1. Corporation Name

DONALD W. TRANSUE, D.D.S., P.A.

Principal Place of Business

37 RYANT ROAD

~~725 U.S. HWY. 27TH SOUTH~~

SEBRING FL 33872-4075

Mailing Address

~~37 RYANT ROAD~~

~~725 U.S. HWY. 27TH SOUTH~~

SEBRING FL 33872-4075

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1987

5. FEI Number

59-2823555

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TRANSUE, DONALD W.	725 U.S. HWY. 27TH SOUTH 854 NW LAKEVIEW DRIVE	SEBRING FL 33870-1839

1000008626141
10/28/02--01087--003 **150.00

Dr. W.

8. Name and Address of Current Registered Agent

TRANSUE, DONALD W.

~~725 U.S. HWY. 27TH SOUTH~~

SEBRING FL 33870

9. Name and Address of New Registered Agent

Name

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

854 NW LAKEVIEW DRIVE

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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.

Donald W. Transue

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-02

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.

DONALD W. TRANSUE DDS PRESIDENT
Donald W. Transue DDS President
SIGNATURE REQUIRED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 863 385 0414

Donald W. Transue, D.D.S., P.A.
854 NW Lakeview Drive
Sebring, Florida 33870

October 23, 2002

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

Re: Donald W. Transue, D.D.S., P.A. Document # J73286


Gentlemen,

Enclosed is my check for \$150 to apply to the 2002 Uniform Business Report for Donald W. Transue, D.D.S., P.A. Document # J73286.

I did not receive the first two 2002 UBR forms. My professional practice moved and was subsequently purchased by another professional association. The address contained on the 2002 Application for Reinstatement is the old address of my practice.

The correct information has been shown on the enclosed application and I respectfully request waiver of the reinstatement fee.

Thank you for your cooperation.

Sincerely, 

Donald W. Transue, D.D.S., President
Donald W. Transue, D.D.S., P.A.

Enc: Original 2002 Application for Reinstatement
\$150 check