

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 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K08707

1. Corporation Name

LAND O'LAKES DENTAL LAB, INC.

Principal Place of Business

3944 LAKE PADGETT DR
6 LAKE PADGETT SQ.
LAND O'LAKES FL 34639
US

Mailing Address

3944 LAKE PADGETT DR
LAND O'LAKES FL 34639
US

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

12/23/1987

5. FEI Number

59-2873224

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)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

MYERS, MICHAEL B.

3944 LAKE PADGETT DR.

LAND O'LAKES FL 34639

700009113247
11/20/02--01088--007 **150.00

8. Name and Address of Current Registered Agent

MYERS, MICHAEL B.
3944 LAKE PADGETT DR
LAND O'LAKES FL 34639

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ40 (8/02)

November 15, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

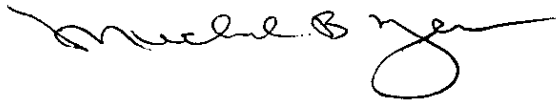
Re: 2002 UBR for LAND O' LAKES DENTAL LAB, INC
Florida Document No. K08707

To Whom It May Concern:

It has come to our attention that we never filed our Corporation's 2002 UBR report. We believe that this form was forwarded to our accountant. Our accountant was called into activity duly several months ago and we have no way to reach him. We ask that you waive the late filing fee and accept our payment of \$150.00 for the Corporation's 2002 UBR under this unusual circumstance.

If you have any questions, please contact me at (813) 996-6866. Thank you for your consideration.

Sincerely,



Mike Myers
President



**LAND O' LAKES
DENTAL LAB, INC.**

3944 LAKE PADGETT DRIVE
LAND O' LAKES, FL 34639
(813) 996-6866 • FAX (813) 996-7221
MICHAEL B. MYERS, CDT
OWNER

