PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K51193

1. Corporation Name

WILLIAM E. BAGWELL, JR. D.D.S., P.A.

REINSTATEMENT 03-04

400028739704
02/13/04--01042--022 **900.00

Principal Place of Business	Mailing Address
1127 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953	1127 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953

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	4. Date Incorporated or Qualified To Do Business in Florida **12/14/1988**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-2924091** / Applied For / Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	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
DPT	BAGWELL, WILLIAM E.	1127 N. COURTENAY PARKWAY	MERRITT ISLAND FL 32953

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAGWELL, WILLIAM E. 1127 NO. COURTENAY PARKWAY MERRITT ISLAND FL 32953	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 _____ REGISTERED AGENT MUST SIGN

Date _12 Jan 04_

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: _WILLIAM E. BAGWELL D.D.S._
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _12 JAN 04_   Daytime Phone # _321-452-4988_

CR2ED40 (7/03)