

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

03 NOV 18 PM 12:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K53443**

1. Corporation Name

FREDERICK H. WAGGENER, D.D.S., P.A.

Principal Place of Business

115 PARNELL ST.
 MERRITT ISLAND FL 32953-4715

Mailing Address

115 PARNELL ST.
~~200 SOUTH COURTENAY PARKWAY~~
 MERRITT ISLAND FL 32953-4715

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



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1989

5. FEI Number

59-2947445

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WAGGENER, FREDERICK H.	115 PARWELL STREET PARNELL	MERRITT ISLAND FL
TS	WAGGENER, TERESA Y	6321 QUARTER HORSE CIRCLE	COCOA FL

200024808772
 11/18/03 01065 013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAGGENER, FREDERICK H. D.D.S.
 115 PARNELL ST.
 MERRITT ISLAND FL 32953

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

[Handwritten Signature]

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11-13-03

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-03
 Date

321-452-8190
 Daytime Phone #

CR2E040 (7/03)

Rick Waggener, DDS



Restorative, Cosmetic,
Family & TMJ Dentistry

115 Parnell Street • Merritt Island, FL 32953

321 452.8190 • Fax 321 454.4822

Fla. Dept. of State

Division of Corporations

Re: FEI # 59-2947445

Document # K53443

11-13-03

Please reinstate the above referenced corporation in the
name of Frederick H. Waggener, D.D.S., P.A. to active status,
as per your instructions, this letter is to verify I did not receive the
two prior UBR notices, thereby waiving the reinstatement fee.

Enclosed is a fee for \$150.00, the completed application
for reinstatement and the certificate of administrative dissolution.

Sincerely,

A handwritten signature in cursive script, appearing to read "Teresa Waggener".

Teresa Waggener
Sec/Treas