

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

97 DEC - 8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59217

1. Corporation Name

VIDEO DENTAL CONCEPTS, INC.

AR 97

Principal Place of Business

C/O CLAUDE D. BERTHOIN
1095 MASON AVE.
DAYTONA BEACH FL 32117

Mailing Address

C/O CLAUDE D. BERTHOIN
1095 MASON AVE.
DAYTONA BEACH FL 32117



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

03/19/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3007861

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BERTHOIN, CLAUDE D	2232 JOHN ANDERSON DR.	ORMOND BCH FL 32178

600002369468--2
-12/11/97--01056--006
****165.00 ****165.00

8. Name and Address of Current Registered Agent

BERTHOIN, CLAUDE D
1095 MASON AVE
DAYTONA BEACH FL 32117

1095 MASON AVE
Daytona Beach, FL
32117

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/97

CR2EDM0 (8/97)

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VIDEO DENTAL CONCEPTS

1095 MASON AVENUE
DAYTONA BEACH, FL 32117

Tel: (904)254-5099

Fax: (904)254-7981

November 25, 1997

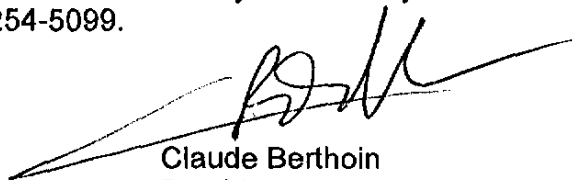
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Number: L59217

Dear Trevor Brumbley:

Recently a letter was received from you regarding the reinstatement of our company; however, there was no acknowledgment of our letter that was enclosed with the check. Therefore, we are requesting again that we please be reinstated for the fee of \$165.00. The necessary forms and reminder notices were never received due to an address change. Calls have been placed regarding this problem and it was suggested that we send in a letter with our application requesting that the penalty be waived.

Your attention to this matter is greatly appreciated. Should you have any questions please feel free to contact me at (904)254-5099.


Claude Berthoin
President