

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

98-99 AIC



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 27 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L61748

1. Corporation Name

John J Morgan, DDS, P.A.  
D/B/A The Smile Emporium

Principal Place of Business

Mailing Address

901 U.S. 27, North, Suite #60  
Sebring, FL 33870

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

3/25/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0185697

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
Pres, V.P.	John J Morgan	1224 S.W. Lakeview Dr.	Sebring FL 33870
Sec, Treas.	Karin Morgan	1224 S.W. Lakeview Dr.	Sebring FL 33870

800002007668-3  
-10/06/99--01080--005  
\*\*\*\*300.00 \*\*\*\*300.00

9899 TS

8. Name and Address of Current Registered Agent

Fred Yorloff  
6287 Windlass Circle, Suite #46  
Boynton Beach, FL 33437

9. Name and Address of New Registered Agent

Name  
P. Jill Sacco, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
239 U.S. 27, North  
Suite, Apt. #, Etc.  
City  
Sebring  
State  
FL  
Zip Code  
33870

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

P. J. Sacco

REGISTERED AGENT MUST SIGN

Date 9-8-99

11. This corporation owes 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:

John J Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/99

Date

941-471-1176

Daytime Phone #

CR2E01 (12/98)



## Florida Department of Revenue

## Power of Attorney

DR-835  
R. 01/97

## (1) Taxpayer Information

Taxpayer's Name(s) and Address (Please type or print.)

John J Morgan, DDS, P.A.  
D/B/A The Smile Emporium  
901 U.S. 27, North, Suite #60  
Sebring, FL 33870

Social Security Number(s)

263 38 1369

FEIN

65-0185697

Florida Tax Registration  
Number

Daytime Telephone Number

( )

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

## (2) Representative(s) (Please type or print.)

Name and Address

P. Jill Sacco, CPA, P.A.  
239 U.S. 27, North  
Sebring, FL 33870

Telephone No.(941 ) 382-7960

Fax No.( 941 ) 382-6730

Name and Address

Telephone No.( )

Fax No.( )

Name and Address

Telephone No.( )

Fax No.( )

to represent the taxpayer(s) before the Department of Revenue for the following tax matters:

## (3) Tax Matters

Type of Tax	Matter of Representation	Tax Periods
Corporation	Reinstate Corporation	1998

Said attorney(s)-in-fact (or either of them) shall, subject to revocation, have authority to receive or inspect confidential information and full power to perform on behalf of the taxpayer(s) the following acts with respect to the above tax matters: (Strike through any which are not granted.)

- To execute waivers of restrictions on assessment or collection of deficiencies in tax;
- To execute consents extending the statutory period for assessment or claims for refund of taxes;
- To execute closing agreements under Section 213.21 of the Florida Statutes;
- To receive, but not to endorse and collect, warrants in payment of any refund of taxes, penalties or interest;
- To delegate authority or to substitute another representative; and
- To perform other acts (be specific) \_\_\_\_\_

(4) Receipt of Refund Warrants: If you want to authorize a representative named in Section 2 to receive, but not to endorse or cash, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund warrants \_\_\_\_\_

(5) Notices and Communications: Notices and other written communications will be sent only to the first representative listed in Section 2.

- a) If you want such notices and communications to go to you and not your representative, check this box ..... ☐
- b) If you want such notices and communications to go to you and copies to go to your representative, check this box ..... ☐