

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 77096

1. Corporation Name

Premier Orthodontics Corporation

Principal Place of Business

Mailing Address

Same

10770 North 46TH ST.
Suite A 350
Tampa FL 33617-3465

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10770 North 46TH ST.

Suite, Apt. #, etc.

A-350

City & State

Tampa FL

Zip

33617-3465

Country

Hillsborough

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

June 1, 1990

5. FEI Number

59-3016478

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Randy M. Feldman D.D.S., M.S.	1773 West Fletcher Ave	Tampa, FLA 33612-1820
Director	John Binkel	1773 West Fletcher Ave	Tampa, FLA 33612-1820

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-10/08/98--01013--023
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Stanford R. Solomon
RANDY M. FELDMAN, D.D.S., M.S.
1773 West Fletcher Avenue
TAMPA, FL 33612-1820
101 G. Kennedy St 1818
TAMPA, FL 33602

Name Randy FELDMAN, D.D.S., M.S.
Street Address (P.O. Box Number is Not Acceptable) 1773 West Fletcher
Suite, Apt. #, Etc.
City TAMPA
State FL Zip Code 33612-1820

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

Randy M. Feldman

REGISTERED AGENT MUST SIGN

Date 9-28-98

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

RANDY M. FELDMAN, D.D.S., M.S.

Date

Daytime Phone #

9/28/98 (813) 968-2483

CR2000 (1-98)