

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 PM 1:38

DOCUMENT # *M67518*

1. Corporation Name

ROBERT D. BURKHART, JR. D.D.S. P.A.

2. Principal Office Address

258 TREEMONTE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

258 TREEMONTE DR.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL.

City & State

ORANGE CITY, FL.

Zip

32763

Country

VOLYSIA

Zip

32763

Country

VOLYSIA

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number

59-2863818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT D. BURKHART, JR.

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

258 TREEMONTE DR.

Suite, Apt. #, Etc.

City

ORANGE CITY

State

FL

Zip Code

32763

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>DP</i>	<i>ROBERT D. BURKHART, JR.</i>	<i>258 TREEMONTE DR</i>	<i>ORANGE CITY, FL 32763</i>

10. 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: *ROBERT D. BURKHART, JR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 574-3207

CR2E081 (01/05)

2 of 2

Robert D. Burkhart, Jr., D.D.S., PA

February 22, 2005

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

You will find enclosed my check for \$758.75 covering the following:

Annual Report Fee 5 years	\$306.25
Corporate Supplemental fee 5 years	443.75
Certificate of Status 2005	8.75
Total	\$758.75

I ask that you waive the reinstatement fee of \$1350.00. Your records will show that the address of the Registered Agent and the Officer/Director Detail were changed on April 3, 2000, but, the mailing address and the Principal address remained unchanged since February 22 1991. I did not receive the proper forms for year 2001 or since. I did not realize that the corporate status had become inactive, until I was working with workman's compensation insurance.

Thank You for Your Consideration.
Sincerely,



Robert D. Burkhart, Jr. D.D.S.
President, Director and Registered Agent
RDB/rgl

Please note new address 258 Treemonte Dr., Orange City, Fl. 32763

258 Treemonte Drive, Orange City, Florida 32763
386-774-2030 fax 386-7740851