

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV -4 PM 4:16

DOCUMENT # **N95000003305**

1. Corporation Name

**COMMUNITY DENTAL HEALTH FOUNDATION, INC.**

Principal Place of Business

2127 N.E. COACHMAN ROAD  
CLEARWATER FL 34625

Mailing Address

2127 N.E. COACHMAN ROAD  
CLEARWATER FL 34625

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1985

5. FEI Number

Applied For  
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	KERSTEIN, HARVEY	2127 N.E. COACHMAN RD.	CLEARWATER FL 34625
D	HAYSLETT, JAMES	2127 N.E. COACHMAN RD.	CLEARWATER FL 34625
D	DAVIS, MARK	1330 S. BELCHER RD.	CLEARWATER FL 34624
D	HOSLEY, FRED	2127 N.E. COACHMAN RD.	CLEARWATER FL 34625
D	ZABROCKI, DAVID	1801 EAST BAY DR.	LARGO FL 34641
408881398484-4 -11/07/96-01015-001 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

KERSTEIN, HARVEY  
2127 N.E. COACHMAN ROAD  
CLEARWATER FL 34625

9. Name and Address of New Registered Agent

Name <b>SAME</b>		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **9.17.96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #