

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 28 AM 7:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015774

1. Corporation Name

All Seasons Dental Clinic, Inc.

2. Principal Office Address

14570 South Military Trail  
Suite, Apt. #, etc.  
Suite C-2

3. Mailing Office Address

14570 S. Military Trail  
Suite, Apt. #, etc.  
Suite C-2

City & State

Delray Beach, Fl.

City & State

Delray Beach, Fl.

Zip

33484

Country

USA

Zip

33484

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

February 14, 2000

5. FEI Number

65-0985012

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

Charles S. Baldwin

400005754644-8

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

5742 Aspen Ridge Circle

-06/11/02--01122--01

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

Delray Beach

State  
FL

Zip Code

33484

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

Charles S. Baldwin

REGISTERED AGENT MUST SIGN

Date May 22, 2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President CEO	Charles S. Baldwin	5742 Aspen Ridge Circle	Delray Beach, Fl. 33484

201.25-AR

10.00-ARARTS

88.75-ARSUPP

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:

Charles S. Baldwin, CEO & President

5/22/02

561-637-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

**ALL SEASONS DENTAL CLINIC, INC.**

14570 S. MILITARY TRAIL  
SUITE C-2  
DELRAY BEACH, FL 33484  
PH: 561-637-6001  
FAX: 561-637-6003

MAY 22, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: BUSINESS CORPORATE REINSTATEMENT

DEAR SIR:

I AM REQUESTING CORPORATE REINSTATEMENT FOR MY COMPANY, ALL SEASONS DENTAL CLINIC, INC.

I DID NOT RECEIVE THE PAPERS OR FORMS FOR REPORTING, AND WAS UN-AWARE THAT MY COMPANY WAS NOT LISTED AS ACTIVE. I HAVE ENCLOSED A CHECK FOR THE REINSTATEMENT FEE.

PLEASE SEND A NOTICE OR MAKE A PHONE CALL CONFIRMING THE REINSTATEMENT OF ACTIVE STATUS. THANK YOU.

SINCERELY,



CHARLES S. BALDWIN, DDS  
PRESIDENT & CEO