

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043247

1. Corporation Name

COMTECH DENTAL, INC.

Principal Place of Business

205 WAYMONT COURT STE 111
LAKE MARY FL 32746

Mailing Address

205 WAYMONT COURT STE 111
LAKE MARY FL 32746

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

2. New Principal Office Address, If Applicable
ComTech Dental, Inc.

Suite, Apt., #, etc.
125 Middle Street #101

City & State
Lake Mary, FL

Zip Country
32746 US

3. New Mailing Office Address, If Applicable
ComTech Dental, Inc.

Suite, Apt., #, etc.
125 Middle Street #101

City & State
Lake Mary, FL

Zip Country
32746 US

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/2000

5. FEI Number

59-3640931

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STOUT, TERRANCE M	205 WAYMONT COURT STE 111 125 Middle St. #101, Lake Mary, FL 32746	LAKE MARY FL 32746
VD	STOUT, ROBERT E	205 WAYMONT COURT STE 111 125 Middle St. #101, Lake Mary, FL 32746	LAKE MARY FL 32746

200023752422

10/13/03--01074--014 **158.75

8. Name and Address of Current Registered Agent

STOUT, TERRANCE M

~~205 WAYMONT COURT STE 111~~
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name Stout, Terrance M.

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

125 Middle Street ~~101~~

Suite, Apt., Etc.

Suite 101

City

Lake Mary

State

FL

Zip Code

32746

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. or 617.0505, F.S.

Signature of
Registered Agent

Terrance M. Stout SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-9-03

11. 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:

Terrance M. Stout SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

407-
302-1980

CR2E040 (7/03)



125 Middle Street
Suite 101
Lake Mary, FL 32746

Phone: 888-747-0470
Fax: 407302-5450

www.comtechdental.com

"The Total Technology Solution"

October 9, 2003

To Whom It May Concern:

We received your Notice of Administrative Dissolution information. Enclosed you will find our application for reinstatement. Our company did not receive the prior UBR notices and request to file the report without penalty. We have enclosed a check for \$158.75 (\$150.00 fee for a for-profit corporation and an additional \$8.75 for a Certificate of Status).

Please let us know if there is anything else we need to do to correct this issue.

Thank you,

A handwritten signature in black ink, appearing to read 'Terrance M. Stout', is written over the printed name.

Terrance M. Stout
President