

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 20, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P00000064858

1. Corporation Name  
Lake Quality Dental, Inc.

W08-12833

2. Principal Office Address - No P.O. Box #

339 E. Burleigh Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

339 E. Burleigh Blvd

Suite, Apt. #, etc.

City & State

Tavares, Florida

City & State

Tavares, Florida

Zip

32778

Country

USA

Zip

32778

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

5. FEI Number

59-3658213

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 Phuong D. Ta

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

440 Chinahill Court

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 3/5/08

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
P	Phuong Ta	440 Chinahill Court	Apopka, FL 32712

700119831977  
03/20/08--01034--019 \*\*91.25

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 contained in Chapter 119, 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

3/5/08  
Date

852253 1900  
Daytime Phone #

B. Mitchell MAR 19 2008