

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112779

1. Corporation Name

RAY O. BALL, JR., D.D.S., P.A.

Principal Place of Business

2560 SOUTH MAGUIRE ROAD
OCOE FL 34761

Mailing Address

2560 SOUTH MAGUIRE ROAD
OCOE FL 34761

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. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

593687588

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
D	BALL, RAY O JR.	2560 SOUTH MAGUIRE ROAD	OCOE FL 34761

000008604110
10/28/02--01021--004 **150.00

8. Name and Address of Current Registered Agent

BALL, RAY O JR.
2560 SOUTH MAGUIRE ROAD
OCOE FL 34761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

*Ray O. Ball, Jr., D. D. S.
2560 So. Maguire Road
Ocoee, Florida 34761
(407) 656-5700*

October 22, 2002

Gentleman,

Enclosed is an application for reinstatement, including the annual filing fee of \$150.00. We incorporated on January 1, 2001 and have never received the uniform business reporting form (UBR) or any notice of delinquency.

Based on these facts, we request that you accept our reinstatement application along with the annual fee of \$150.00. In addition, we respectfully request that you waive the reinstatement penalty.

Thank you for your cooperation.

Sincerely,

Ray O. Ball, Jr. DDS P.A.

Ray O. Ball, Jr., D.D.S., P.A.