

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006332

1. Corporation Name

HORIZON DENTAL, P.A.

Principal Place of Business

4560 DUFFER PLACE
LAKELAND FL 33801

Mailing Address

4560 DUFFER PLACE
LAKELAND FL 33801



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

~~5381 N. Socrum Loop RD~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5381 N. Socrum Loop RD~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

59-3699413

Applied For

Not Applicable

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33809

Country

USA

Zip

33809

Country

USA

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
WSD	YOUNG, KEITH	3520 CLEVELAND HEIGHTS BLVD., ST	LAKELAND FL 33803
PTD	BLAKE, WARREN W	4560 DUFFER PLACE	LAKELAND FL 33801
P	YOUNG, KEITH	125 TRACY WAY	LAKELAND FL 33809

800021021378

06/20/03--01004--005 **900.00

8. Name and Address of Current Registered Agent

YOUNG, KEITH
3520 CLEVELAND HEIGHTS BLVD.
STE. 172
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

YOUNG, KEITH

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

125 TRACY WAY

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33809

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

Keith Young
REGISTERED AGENT MUST SIGN

Date

06/10/03

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:

Keith Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/10/03 (863-815-3313)

Daytime Phone #

CR2E040 (8/02)