

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000006771

1. Corporation Name

EXCELLENCE IN DENTAL TECHNOLOGY, INC.

Principal Place of Business

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

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.

10661 Airport Rd. N. Ste 13

City & State

Naples, FL

Zip

34109

Country

Collier

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

10661 Airport Rd. N. Ste. 13

City & State

Naples, FL

Zip

34109

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2001

5. FEI Number

59-3692047

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	DEASON, W. DAY	4501 TAMiami TRAIL NORTH SUITE 3 1894 MORNING SUN LN	NAPLES FL 34103 34119
S	DEASON, BARBARA	7858 GARDNER DR.	Naples, FL 34109

8. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

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

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

10/29/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

(239) 596-1675

Daytime Phone #

CR2E040 (8/02)

10661 Airport Rd. N. 56-13
Naples, Florida 34109
October 28, 2002
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Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam,

I spoke by phone to an agent on Thursday,
October 24th, and explained I had filed the report
on March 27, 2002 and paid by check the \$150.00 filing
fee. The agent said a rejection notice was sent to the
business on April 15, 2002, but was not received by us.
Therefore, we were unaware of the problem until Dean
Lawyer forwarded the Dissolution of Corp.

I do not think we should have to pay a
penalty since we were not aware of problem.

Sincerely,
Barbara A. Deason, Inc.
BARBARA A. DEASON