

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG -2 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000032796**

**1. Corporation Name**

Gerald M. Copeland II, D.M.D., P.A.

4501 N. Armenia Ave.

737 Queen Ann Court

**2. Principal Office Address**

4501 N. Armenia Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33603

Country

USA

**3. Mailing Office Address**

737 Queen Ann Court

Suite, Apt. #, etc.

City & State

Mount Pleasant, SC

Zip

29464

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** Oct 2001

**5. FEI Number**  
59-3711334

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-04**  
W8P  
800039790538  
08/02/04--01069--007--\*\*458.75--

**7. Name and Address of Current Registered Agent**

Name

Sarah Copeland

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

4107 Watrous Ave.

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33629

**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

Sarah Copeland

Date

7-28-04

REGISTERED AGENT MUST SIGN

**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
Pres.	Gerald M. Copeland DMD	4107 Watrous Ave.	Tampa, FL 33629

**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 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

Date

7-28-04 (813) 267-7854

Daytime Phone #

CR2E081 (01/04)

2082

Gerald M. Copeland II D.M.D., P.A.  
4501 N. Armenia Ave.  
Tampa, FL 33603

Document # P01000032796

July 29, 2004

Dear Reinstatement;

I have enclosed the annual report along with the check for the reinstatement. I am mailing the 450.00 amount because we never received the notices as they were sent to the old address as you said, since they came back to you. I am also enclosing the extra 8.75 for the confirmation.

Thank-you so much for all of your help, it has been a pleasure dealing with your office. If you have any questions, please don't hesitate to call me, Anna Pumilia (843) 216-7856.

Thanks again for all of your help!

Anna Pumilia

*Anna Pumilia*