

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000052197**

1. Corporation Name

MICHAEL N. STRIPLING DDS, INC.

Principal Place of Business

4297 3RD. AVE.
MARIANNA FL 32447

Mailing Address

4297 3RD. AVE.
MARIANNA FL 32447



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

Weidenbach & Co. Suite
1560 Capital Circle NW 16

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2001

5. FEI Number

59-3720686

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

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	STRIPLING, MICHAEL N	4297 3RD. AVE.	MARIANNA FL 32447

600024197806
10/28/03--01026--003 **150.00

B10/31

8. Name and Address of Current Registered Agent

STRIPLING, MICHAEL N
4297 3RD. AVE.
MARIANNA FL 32447

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

SIG [Signature]

REGISTERED AGENT MUST SIGN

Date

10/6/03

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:

SIG [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/03

Daytime Phone #

850 282-2801

CR2E040 (7/03)

MICHAEL N. STRIPLING, D.D.S.

4297 Third Avenue
Marianna, FL 32446

Telephone: (850) 482-2401

10/6/03

To whom it may concern,

I never recieved the first notice on this. I thought it was to be sent to my accountant. I am enclosing a check for \$150⁰⁰ and asking would you please waive the extra fees.

Thank you,

Michael N. Stripling