

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

William Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000059220

1. Corporation Name

DENT FREE, INC.

Principal Place of Business

1403 E. LAMANTO AVE.  
JACKSONVILLE FL 32211

Mailing Address

1403 E. LAMANTO AVE.  
JACKSONVILLE FL 32211

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

2. New Principal Office Address, If Applicable

1732 Hamlet Lane N

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1732 Hamlet Lane N

Suite, Apt. #, etc.

City & State

Neptune Beach, FL

Zip 32266

Country

City & State

Neptune Beach, FL

Zip 32266

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/2001

5. FEI Number

59-3722852

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
PTD	COUSSENS, LORI D	1403 E. LAMANTO AVE.	JACKSONVILLE FL 32211
VSD	COUSSENS, W. DANE	1403 E. LAMANTO AVE.	JACKSONVILLE FL 32211

8. Name and Address of Current Registered Agent

COUSSENS, LORI D  
1403 E. LAMANTO AVE.  
JACKSONVILLE FL 32211

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

*Lori Denise Cousens*  
REGISTERED AGENT MUST SIGN

Date

11/11/02

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:

*Lori Denise Cousens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/02

Daytime Phone #

CR2E040 (E 02)

Dent Free, Inc.  
1732 Hamlet Lane North  
Neptune Beach, FL 32266  
(904)838-8275

November 7, 2002

Hon. Jim Smith  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

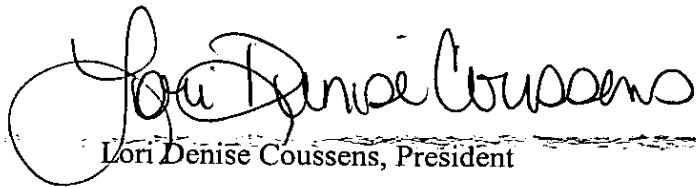
In reference to the Certificate of Administrative Dissolution or Revocation we received, please note that we had not received any prior notice in this matter nor the original form to file. In this connection, we respectfully request the waiver/abatement of any charges or penalties.

Please find enclosed our remittance of \$150.00, along with the form.

Thank you very much for your cooperation.

Sincerely yours,

DENT FREE, INC.



Lori Denise Coussens, President

Enclosures