

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 15 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063918

1. Corporation Name

KATHY J. STETLER, D.M.D., M.S.D., P.A.

Principal Place of Business

Mailing Address

4301 N WICKHAM RD STE 4
MELBOURNE FL 32935

4301 N WICKHAM RD STE 4
MELBOURNE FL 32935

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2351608

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPVS	STETLER, KATHY J	640 HAWKSBILL ISLAND DR	SATELLITE BCH FL 32937
T	STETLER, KATHY J	640 HAWKSBILL ISLAND DR	SATELLITE BCH FL 32937

600023806856
10/15/03--01025--012 **150.00

8. Name and Address of Current Registered Agent

SPIRA, JACK B
5205 BABCOCK ST, NE
PALM BAY FL 32905

9. Name and Address of New Registered Agent

Name KATHY J. STETLER
Street Address (P.O. Box Number is Not Acceptable)
4301 N. WICKHAM RD. STE 4
Suite, Apt. #, Etc.
City MELBOURNE
State FL Zip Code 32935

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 10/8/03

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/8/03

Daytime Phone #

CR2E040 (7/03)

KATHY J. STETLER, D.M.D., M.S.D.

DIPLOMATE, AMERICAN BOARD OF PERIODONTOLOGY

PERIODONTICS & IMPLANT DENTISTRY

4301 N. Wickham Road • Suite 4 • Melbourne, Florida 32935 • 321-255-9600 • Fax 321-255-5678

October 9, 2003

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am applying for reinstatement of a corporation. My corporation did not receive the two prior uniform business report notices. Please accept the report and filing fee without penalty due to the fact I did not receive a prior UBR. Thank you for your understanding. If you have any questions please don't hesitate to call.

Sincerely,



Kathy J. Stetler, D.M.D., M.S.D.