

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 NOV 20 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067224**

1. Corporation Name

S. LANCE WEST, D.D.S., P.A.

Principal Place of Business

**3850 S. OSPREY AVENUE
SARASOTA FL 34238**

Mailing Address

**4822 EDMONT COURT
SARASOTA FL 34233**

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2001

5. FEI Number

65-1114811

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	WEST, S. LANCE	4822 EDMONT COURT	SARASOTA FL 34233

900025081349
11/26/03-01065-006 **150.00

8. Name and Address of Current Registered Agent

**WEST, S. LANCE
4822 EDMONT COURT
SARASOTA FL 34233**

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]
REGISTERED AGENT MUST SIGN

Date **11/14/03**

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

11/14/03
Date

(41) 926-0391
Daytime Phone #
621 (841) 587-0388

CR2040 (7/03)

S. Lance West, D.D.S., P.A.
4822 Edgemont Court
Sarasota, FL 34233

November 14, 2003

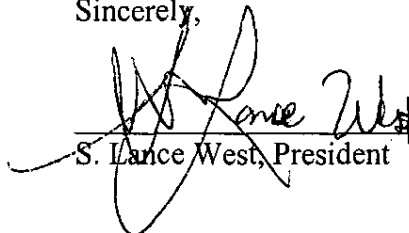
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: S. Lance West, D.D.S., P.A.

Dear Sir/Madam:

The purpose of this correspondence is to ask your agency to waive any late/penalty fees regarding the filing of the 2003 Uniform Business Report concerning S. Lance West, D.D.S., P.A. I am without knowledge of receiving this report and would kindly ask that you waive any late/penalty fees.

Sincerely,


S. Lance West, President