

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000122527**

1. Corporation Name

FAITH DENTAL CENTER EDWARD R. SCOTT & ASSOCIATES, P.A.

2. Principal Office Address - No P.O. Box #

1100 E. TENNESSEE ST.

Suite, Apt. #, etc

#STE B

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

1100 E. TENNESSEE ST.

Suite, Apt. #, etc.

#STE B

City & State

Tallahassee, FL

Zip

32308

Country

USA

7. Name and Address of Current Registered Agent

Name

Edward R. Scott, II

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

2304 Monaco Drive

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date 1/29/2010

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
P	Edward R. Scott, II	2304 Monaco Drive	TALLAHASSEE FL 32308
S	Kanesha I. Scott	2304 Monaco Drive	TALLAHASSEE FL 32308

10. E-mail Address: drerscott@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Edward R. Scott, II

1/29/2010

850-561-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

10 JAN 29 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900167530569  
01/29/10--01009--014 \*\*158.75

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 12/31/01

5. FEI Number

300000971

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900167530569  
01/29/10--01009--015 \*\*150.00

B. Mitchell JAN 29 2010