

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000000165

1. Corporation Name

CHRISTINA RUDMAN, D.D.S., P.A.

FILED
Nov 20, 2002 8:00 A
Secretary of State

Principal Place of Business

2454 MCMULLEN-BOOTH ROAD
SUITE 410
CLEARWATER FL 33759

Mailing Address

2454 MCMULLEN-BOOTH ROAD
SUITE 410
CLEARWATER FL 33759



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

12/28/2001

5. FEI Number

80-0021475

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RUDMAN, CHRISTINE	2454 MCMULLEN-BOOTH ROAD, SUITE	CLEARWATER FL 33759

900008629219
10/28/02--01098--023 **150.00

02 CURB

8. Name and Address of Current Registered Agent

MCEWEN, DAVID B
150 SECOND AVENUE NORTH
SUITE 1500
ST. PETERSBURG FL 33759

9. Name and Address of New Registered Agent

Name

David B. McEwen

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

100 First Avenue South

Suite, Apt. #, Etc.

Suite 340

City

St. Petersburg

State

FL

Zip Code

33701

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-02

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINA RUDMAN

10-23-02

Date

Daytime Phone #

CR2E040 (8/02)

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Christina Rudman, D.D.S., P.A.

2454 McMullen Booth Road

Suite #410

Clearwater, FL 33759

(727) 725-3042

October 23, 2002

Division of Corporations

Department of state

P. O. Box 6327

Tallahassee, FL 32314


Dear Reader:

I am the president of this for profit corporation, which is active and still in business. This I week received a Certificate of Administrative Dissolution. The certificate tells me that my corporation failed to file its 2002 corporate annual report or uniform business report. I never received the report, or I would have filed it.

Enclosed is the report which I received with the Certificate of Dissolution. I have executed this substitute from, and am providing it as my corporation's 2002 annual report. I have also enclosed the filing fee and the fee for changing the registered agent's address.

Please accept this report as my corporation's 2002 annual report and reinstate my corporation as active. If you need anything further from me, please feel free to call.

Sincerely,



Christina Rudman
President