

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P02000000165

Corporation Name

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

Principal Place of Business

54 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.
New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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 ☐

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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

8. Name and Address of Current Registered Agent

MC EWEN, DAVID B
100 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

I am appointing 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

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 due 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

Daytime Phone #

FILED

02 NOV 20 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10-28-02 01098 023 \$150.00

CR20040 (9/02)

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