

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 20 PM 4:10

DOCUMENT # P02000001371

1. Corporation Name

FRANCIS C. CHANEY, D.M.D., P.A.

Principal Place of Business

Mailing Address

1318 EAST 6TH AVENUE
TALLAHASSEE FL 32303

1318 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2002

5. FEI Number

030431414

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
PRESIDENT	FRANCIS C. CHANEY, D.M.D.	1318 E. 6TH AV.	TALLAHASSEE, FL 32303

700023713457
10/10/03--01076--010 **150.00

8. Name and Address of Current Registered Agent

CHANEY, FRANCIS C DMD
1318 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

Francis C. Chaney, D.M.D., President
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:

Francis C. Chaney, D.M.D., President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03 850-827-025

CR2040 (7/03)

2/2

Francis C. Chaney, DMD PA
1318 E. 6th Ave.
Tallahassee, FL 32303

Oct. 8, 2003

To Whom It May Concern:

This letter concerns the attached form. This is our first notification of this document #P02000001371 that has been received. In talking with our accountant this is a form that we should have received at the first on the year. We have not seen this form till now. With this in mind our accountant called your office and was informed that if we attached a letter stating we had not received the document of which we did not. And sent in our attached check (#1475 for \$150.00) noting that this is our first year being a corporation and not knowing to anticipate this notice that this would be acceptable this time.

I hope this will adequate to reinstate us. Should you need further information or assistance in handling this matter please contact us ASAP at above , call (850)878-7720, or fax us @ (850) 942-4310.

In the future we will be on the look out for this form in the early part of the year. Thank you so much for your cooperation in handling this matter.

Sincerely

Francis C. Chaney, D.M.D.

Francis C. Chaney, DMD PA
ndn