

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043392

1. Corporation Name
DANIEL P. BARNES PEDIATRIC DENTISTRY, INC

2. Principal Office Address - No P.O. Box #
1440 REED CANAL RD

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.

City & State
PORT ORANGE, FL

City & State

Zip Country
32129 US

Zip Country

CR2B081 (11/10)

10-12

4. Date Incorporated or Qualified
To Do Business in Florida 4/15/2002

5. FEI Number
034655516

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DANIEL P. BARNES

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

Suite, Apt. #, Etc.

City
PORT ORANGE

State Zip Code
FL 32127

900237488269
08/21/12--01005--019 **300.00

900237488269
07/16/12--01042--021 **750.00

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

D.P. Barnes
REGISTERED AGENT MUST SIGN

Date 7-9-12

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
D	DANIEL P. BARNES	717 BRECKENRIDGE DR	PORT ORANGE, FL 32127

10. E-mail Address: JESSICA@CAINWATTERS.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., and 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. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

D.P. Barnes