

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000051329

1. Corporation Name

CENTER FOR DENTAL HEALTH INC

2. Principal Office Address
4444 TAMIAMI TRAIL NORTH

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
SUITE 6

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

Zip
34103

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **5/9/02**

5. EEI Number
55-0816092

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
MARK STITES

Street Address (P.O. Box Number is Not Applicable)
4444 TAMIAMI TRAIL NORTH

Suite, Apt. #, etc.
SUITE 6

City
NAPLES FL

State
FL

Zip Code
34103

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

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
PRES	MARK STITES	4444 TAMIAMI TRAIL NORTH	NAPLES FL 34103

10. 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 contained in Chapter 119, 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

Date

Daytime Phone #

MARK L. STITES, D.D.S.



Dentistry dedicated to your health & well-being

March 3, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Upon meeting with my accountant we discovered that we are an inactive corporation with our state. We have not filed because we have not received any notices. Our correct address is 4444 Tamiami Trail N Suite 6 NOT 4440 Tamiami Trail. That is not a valid address. We have enclosed a check for four hundred and fifty dollars. Please reinstate our status.

Thank you for you time and prompt attention in this matter.

Best Regards,

A handwritten signature in black ink, appearing to read "Mark L. Stites", is written over the typed name.

Mark L Stites, D.D.S.