

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063510

1. Corporation Name

DENTEST OF FORT LAUDERDALE & GAINESVILLE,
FLORIDA, INC.

2. Principal Office Address

42 Marie Drive

Suite, Apt. #, etc.

City & State

Ponce Inlet, FL

Zip

32127

Country

USA

3. Mailing Office Address

P.O. Box 291201

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32129

Country

USA

400028014924
02/02/04--01062--001 **908.75

REINSTATEMENT 07-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/06/02

5. FEI Number

74-3047620

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

Charles D. Hood, Jr.

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

444 Seabreeze Blvd.

Suite, Apt. #, Etc.

Suite 900

City

Daytona Beach

State

FL

Zip Code

32118

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 Charles D. Hood, Jr.

Date Jan. 28, 2004

REGISTERED AGENT MUST SIGN

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
P	Thomas R. Megar	42 Marie Drive	Ponce Inlet, FL 32127
S/T	Nancy Megar	42 Marie Drive	Ponce Inlet, FL 32127

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 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:

Nancy Megar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy Megar, Secretary/Treasurer

Date

1/26/04

386-304-8671

Daytime Phone #

CR2E081 (10/02)