

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

03 OCT 16 PM 2:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000127892**

1. Corporation Name

**ED WALTERS, DDS, INC.**

Principal Place of Business

Mailing Address

8313 W. ATLANTIC BLVD.  
 CORAL SPRINGS FL 33071-7452

8313 W. ATLANTIC BLVD.  
 CORAL SPRINGS FL 33071-7452



**REINSTATEMENT**

03

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

4. Date Incorporated or Qualified To Do Business in Florida

12/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

x 02-065-9935

Not Applicable

Zip

Country

Zip

Country

33071

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	EDWARD R WALTERS	8351 W. Atlantic Blvd	Coral Springs, FL 33071
VICE PRES	OSCAR CACERES	same above	
Sec	mari Jarrette	same above	

100023836841  
 10/16/03--01013--009 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWEITZER, CHARLES E  
 1040 BAYVIEW DR., #320  
 FT. LAUDERDALE FL 33304-2532

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

REGISTERED AGENT MUST SIGN

Date 10.10.03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.10.03

Date

954.753.7822

Daytime Phone #

CR2E040 (7/03)