

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 24 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000076464

1. Corporation Name

TMJ AND FACIAL PAIN MANAGEMENT OF LAKE LAND, P.A.

2. Principal Office Address

2024 Edgewood Drive South

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

USA

3. Mailing Office Address

2024 Edgewood Drive South

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

USA

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

July 11, 2003

5. FEI Number

20-0086499

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

William M. Midyette, III, Esq.

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

225 East Lemon Street

Suite, Apt. #, Etc.

Suite 300

City

Lakeland

State

FL

Zip Code

33801

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

William M. Midyette, III

Date

2/16/2005

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/D	Arthur W. Moore, III, D.M.D.	6702 Hayter Drive	Lakeland, FL 33813

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur W.

Moore, III, D.M.D. February 16, 2005 (863) 667-4726

Date

Daytime Phone #

CR2E081 (01/05)

February 16, 2005

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

RE: Reinstatement of TMJ and Facial Pain Management of Lakeland, P.A. – Request
for Waiver of Reinstatement Fee Due to Non-Receipt of Notice from State

Dear Sir or Madam:

Enclosed is a completed and executed 2005 For Profit Corporation Reinstatement Form regarding the above-referenced corporation. I would like to request at this time that the \$600.00 fee for reinstatement be waived as I did not receive a notice of renewal from the State for 2004, as I would surely have paid it had I known of it.

I have also enclosed my company's check in the amount of \$300.00 for reinstatement of the above corporation. Please contact me immediately if my waiver request is denied and the State still requires payment of the \$600.00.

Thank you for your prompt attention to this matter.

Sincerely,

TMJ AND FACIAL PAIN MANAGEMENT
OF LAKE LAND, P.A.

By: 

A. W. Moore, III, D.M.D., Director

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW

J. HARDIN PETERSON, SR. (1894-1978)
MICHAEL W. CREWS (1941-1991)

M. DAVID ALEXANDER, III
PHILIP O. ALLEN
JACK P. BRANDON
JOSHUA K. BROWN
DEBRA L. CLINE
J. DAVIS CONNOR
CLINTON A. CURTIS
BEN H. DARBY, JR.
JACOB C. DYKXHOORN
MICHAEL T. GALLAHER
JILL A. GARRETT
JOSEPH A. GEARY
DAVID E. GRISHAM
JONN D. HOPPE

P.O. BOX 24628
LAKELAND, FLORIDA 33802-4628

HERITAGE PLAZA
225 EAST LEMON STREET, SUITE 300
LAKELAND, FLORIDA 33801
(863) 683-6511 OR (863) 676-6934
FAX (863) 682-8031

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LAKE WALES
(863) 676-7611 OR (863) 683-8942
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WINTER HAVEN
(863) 294-3360
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DENNIS P. JOHNSON
KRISTEN B. KIEFFER
KEVIN C. KNOWLTON
DOUGLAS A. LOCKWOOD, III
WILLIAM M. MIDYETTE, III
DAVID A. MILLER
CORNEAL B. MYERS
E. BLAKE PAUL
ROBERT E. PUTERBAUGH
THOMAS B. PUTNAM, JR.
DEBORAH A. RUSTER
JOHN S. SARRETT
STEPHEN R. SENN
ANDREA TEVES SMITH
KEITH H. WADSWORTH
THEODORE W. WEEKS, IV
KERRY M. WILSON

February 21, 2005

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

RE: Reinstatement of "TMJ and Facial Pain Management of Lakeland, P.A." –
Document No.: P03000076464

Dear Sir or Madam:

Enclosed is a completed and executed original Corporate Reinstatement Form and check for \$300.00 (2004 and 2005) to reinstate the above-referenced corporation. Also enclosed is correspondence from the Director of the Corporation, A. W. Moore, III, D.M.D. requesting waiver of the \$600.00 reinstatement fee as a result of not being notified of the annual renewal of the corporation.

If you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this regard.

Sincerely,

PETERSON & MYERS, P.A.

By: 

William M. Midyette, III

Enclosures (as stated)

Cc: TMJ and Facial Pain Management of Lakeland, P.A.
Attention: A. W. Moore, III, D.M.D., Director (w/ enclosures)

WMM/dtl