

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -6 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000027306

1. Corporation Name

Jeffrey M. Barlow, D.D.S., P.A.

2. Principal Office Address - No P.O. Box #

105 N. Grove Street

Suite, Apt. #, etc.

3. Mailing Office Address

105 N. Grove St.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32953

Country

USA

Zip

32953

Country

USA

400200720194
04/06/11--01026--013 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/2004

5. FEI Number

200685187

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

Jeffrey M. Barlow, DDS

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

105 N. Grove Street

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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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 03/23/11

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 |
|--------|--------------------------------------|---|--------------------------|
| PTD | Jeffrey M. Barlow, DDS | 105 N. Grove Street | Merritt Island, FL 32953 |
| S | Emily S. Barlow, DDS | 105 N. Grove Street | Merritt Island, FL 32953 |
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10. E-mail Address: jbarlow1@cfl.rr.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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Emily Barlow Emily Barlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/11

Date

321-459-1313

Daytime Phone #