

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000106798

**FILED**  
**Sep 09, 2010**  
**Secretary of State**

**Entity Name:** DONALD W. NORTON, DMD, P.A.

**Current Principal Place of Business:**

4115 DEL PRADO  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4115 DEL PRADO  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 20-1395437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LYONS, KEVIN M  
25241 ELEMENTARY WAY  
206  
BONITA SPRINGS, FL FL, 34135 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DONALD W NORTON DMD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P,D  
**Name:** NORTON, DONALD W DMD  
**Address:** 4115 DEL PRADO  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** T,D  
**Name:** NORTON, DONALD W  
**Address:** 4115 DEL PRADO  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** S,D  
**Name:** NORTON, DONALD W  
**Address:** 4115 DEL PRADO  
**City-St-Zip:** CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DONALD W NORTON DMD

Electronic Signature of Signing Officer or Director

OFCR

09/09/2010

Date