

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 DEC 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200188905492
12/21/10--01036--008 ***300.00

09-10

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 11/25/2008

5. FEI Number
26-3879918

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000104184

1. Corporation Name

DR. JOEL K. CAUDILL, DDS, P. A.

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

2118 W. Brandon Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2118 W. Brandon Blvd.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33511

Country

United States

Zip

33511

Country

United States

7. Name and Address of Current Registered Agent

Name

Owens Law Group, P. A.

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

811-B Cypress Village Blvd.

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33573

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

Owens Law Group, P.A. Jean Owens, P.A. Date *Nov. 16, 2010*
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
PD	Joel K. Caudill, DDS	3101 W. Fair Oaks Ave.	Tampa, FL 33611

10. E-mail Address: melissa@owenslawgrouppa.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., 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.

SIGNATURE:

Joel K. Caudill, DDS

Joel K. Caudill DDS

11/03/10

545-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #