

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 20 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22639

1. Corporation Name

DR. STEVE L. CAUDILL, D.D.S., P.C.

Principal Place of Business

446 MAGNOLIA AVE
MERRITT ISLAND FL 32952

Mailing Address

446 MAGNOLIA AVE
MERRITT ISLAND FL 32952

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1989

5. FEI Number

35-1652705

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	CAUDILL, STEVE L.	446 MAGNOLIA AVE	MERRITT ISLAND FL 32952
D	CAUDILL, STEVE L.	446 MAGNOLIA AVE	MERRITT ISLAND FL 32952

100023923881
10/20/03 01006 025 **150.00

10/20/22

8. Name and Address of Current Registered Agent

CAUDILL, STEVE L.
446 MAGNOLIA AVE
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

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

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/9/03

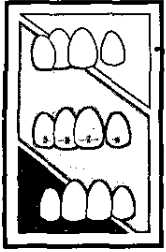
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

321-453-2535
Daytime Phone #



STEVE L. CAUDILL, D.D.S.

PRACTICE LIMITED TO ORTHODONTICS

October 9, 2003

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

Please find the enclosed completed application for reinstatement. We are asking that the reinstatement fee of \$600.00 be waived, as we did not receive the annual report previously. We have also included a check for \$150.00 which is the regular fee for filing in a timely manner. Thank you in advance for your consideration of this request.

Sincerely,

Steve L. Caudill, D.D.S.

