PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR O FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 APR 20 PM 4: 05 **DOCUMENT #** P93000001678 SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name MOATES FAMILY DENTISTRY, DAVID W. MOATES, DDS. P.A. Principal Place of Business Mailing Address 2525 SEMORAN BLVD. 2525 SEMORAN BLVD. APOPKA FL 32703 APOPKA FL 32703 REINSTATEMENT 97-98 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/01/1993 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3163156 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each City / State / Zip Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) D MOATES, DAVID W 2525 SEMORAN BLVD. APOPKA FL 32703 <u> 100002498691---0</u> -04/23/98--01128---007 ****150,00 ****150,00 <u>100002498691--0</u> -04/23/98--01128--008 ****750.00 ****750.00 9. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLEMENT, GE Street Address (P.O. Box Number Is Not Acceptable) 808 E. 5TH AVE. **MOUNT DORA FL 32757** Suite, Apt. #, Etc. 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.

Signature of Registered Agent William William Street

Date 2/11/88 4/8/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 🔲 No 🗀

(See other side for information on intangible tax.)

12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setisfies 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:

David W. Moutes

2/11/98 407-869-9682 Daytime Phone #