

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Attachment

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 23 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000001678 (0)

1. Corporation Name

Montes Family Partnership, David W. Montes, DDS, P.A.

500003196115--9
-04/04/00--01103--012
***300.00 ***300.00

2. Principal Office Address

2525 Semoran Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka

City & State

Florida

Zip

32703-5835

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/93

5. FEI Number

59-3163156

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

George Kelly

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

368 East Main Street

Suite, Apt. #, Etc.

City

Apopka, FL

State

FL

Zip Code

32703

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

X George Kelly

REGISTERED AGENT MUST SIGN

Date

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
Pres	David W. Montes	2525 Semoran Blvd Apopka, FL 32703	

99-00 AR TS

10. 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:

X David W. Montes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

407-889-9682

Daytime Phone #



David W. Moates, D.D.S., P.A.
2525 Semoran Blvd. (S.R. 436) Apopka, Florida 32703 (407) 889-9682

March 20, 2000

Mr. Tyrone Scott
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Dr. David Moates, DDS, P.A. J10388
Moates Family Dentistry, David Moates, DDS, P.A. P93000001678

Dear Mr. Scott:

Enclosed is the annual report for Moates Family Dentistry. We have enclosed a check in the amount of \$300.00, the fee for 1999 and the year 2000.

We never received the original application; therefore, the penalty for late filing should be waived. We appreciate the reinstatement of the above entity.

Sincerely,

David W. Moates, D.D.S.

DWD/neb