


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017634

1. Corporation Name

KERAMIEK DENTAL LABORATORY INCORPORATED

Principal Place of Business

1978 CORPORATE SQUARE
SUITE 104
LONGWOOD FL 32750
US

Mailing Address

1978 CORPORATE SQUARE
SUITE 104
LONGWOOD FL 32750
US

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

2. New Principal Office Address, If Applicable

794 Big Tree Drive

Suite, Apt. #, etc.

104

City & State
LONGWOOD FL

Zip
32750

Country
USA

3. New Mailing Office Address, If Applicable

794 Big Tree Drive

Suite, Apt. #, etc.

104

City & State
LONGWOOD FL

Zip
32750

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1993

5. FEI Number

59-3167369

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 (Non-profit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	HAMILTON, LIONEL H	794 Big Tree Drive, Suite 104 1978 CORPORATE SQUARE, SUITE 104	LONGWOOD FL 32750 ✓

500004685385--4
-11/16/01--01056--025
****750.00 ****750.00

Bul15

8. Name and Address of Current Registered Agent

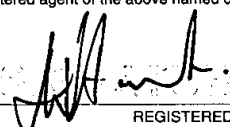
HAMILTON, LIONEL
1978 CORPORATE SQUARE
STE. 104
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name
Hamilton, Lionel
Street Address (P.O. Box Number is Not Acceptable)
794 Big Tree Drive
Suite, Apt. #, Etc.
104
City
Longwood
State
FL
Zip Code
32750

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

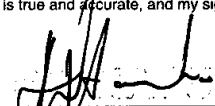


REGISTERED AGENT MUST SIGN

Date 10-11-01

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:



Lionel William Hamilton

10-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-
8306336

CR2ED40 (8/01)