

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 17 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93-50125
1. Corporation Name

JOSEPH R BOULTER DMD PA

10/06/05 01039 008 \$750.00
400113159224
12/17/07--01003--011 **150.00

2. Principal Office Address - No P.O. Box #
8823 GOODBY'S EXECUTIVE DR

3. Mailing Office Address
8823 GOODBY'S EXECUTIVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32217

Country
USA

Zip
32217

Country
USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified To Do Business in Florida
07/12/1993

5. FEI Number
561651730

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
JOSEPH R BOULTER

Street Address (P.O. Box Number is Not Acceptable)
10172 BISHOP LAKE RD. WEST

Suite, Apt. #, Etc.

City
JACKSONVILLE

State Zip Code
FL 32256

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
[Signature]
REGISTERED AGENT MUST SIGN

Date 11-30-07

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
P	JOSEPH R BOULTER	10172 BISHOP LAKE RD. WEST	JACKSONVILLE, FL 32256

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 contained in Chapter 119, 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

11-30-07
Date

904-731-0432
Daytime Phone #

7c 12/19