APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTMEI Katherine Ha Secretary of S DIVISION OF CORPO	NT OF STATE Arris State	COMPLETING THIS FORM.
DOCUMENT # P93(00001373	d co	
GERBER DEN	TAL PA.	1.4	A
Principal Place of Business	Mailing Address		
1400 S. Marion Lake City, Fl 32025	6504 NW132 S Gairesville F		
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable	ough incorrect information and enter 3. New Mailing Office Address, If		Date Incorporated or Qualified
Suite, Apl. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 10/13/1993
City & State	City & State		5. FEI Number Applied For Not Applied For Not Applicable
Zip Country	Zip Countr	y	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 corpora	ations must list at leas	
Name of Officers Street Ad Officer 1 2 3 (Do NOT Use Pos			City / State / Zip
P DALE GERBER 6504 NW132ST GainsVIlle, FL 32453			
F. 10 10 2 3 2 1 4 5 - 5 - 04/07/99 - 01071 - 005 *****900.00 *****900.00			
REINSTATEMENT 98-99 TB. 21/1/99			
8. Name and Address of Current F	Registered Agent	<u></u>	Name and Address of New Registered Agent
DALE GERBER		Name	P.O. Box Number is Not Acceptable)
DALE GERBER. 6504 NW 132 St.		Suite, Apt. #, Etc	.O. BOX NUMBER IS NOT ACCEPTABLE)
Gainesville Fl 221.53		City	State Zip Code
10. I, being appointed the registered agent of the abo	ve named corporation, ani familiar w	th and accept the ob	pligations of Section 607 0505, F.S
Signature of Registered Agent Date PEGISTERED AGENT MUST SIGN			Date 3/26/99
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No U (See other side for information on intangible tax)			
this reinstatement application, the reason for disso	lution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies t m do not quality for a	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607,0401 or 617,0401, F.S. that all lees an exemption under section 119,07(3)(i), F.S. The information indicated oath
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day time Printed &			