

APPLICATION
FOR
REINSTATEMENT



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

P93000013724

GERBER DENTAL P.A.

1400 S. Marion
Lake City, FL 320

6504 NW 132 St.
Gainesville FL

Country

10/13/1993

59-3206641

No1 Applicable

6
CERTIFICATE OF STATUS DESIRED ☐

City / State / Zip

P

DALE GERBER

6504 NW 132 St

Gainesville, FL 32653

 600002832146--5
 -04/07/99--01071--005
 *****900,00 *****900,00

REINSTATEMENT 98-99 JB. 4/1/99

DALE GERBER
6504 NW 132 ST.
Gainesville, FL 32653

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/26/99

11. This corporation owes 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 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)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE GERBER

3/36/99 352-331-5064