

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 JUN -3 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **093000081723**
 1. Corporation Name
The Florida Dental Team, PA

Principal Place of Business Mailing Address
**227 North Knights Avenue
 Brandon, FL 33510**

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida November, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3213169	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	David Parker, D.D.S	227 N. Knights Ave.	Brandon, FL 33510
			600002552546--4 -06/09/98--01048--007 ****750.00 ****750.00
			600002552546--4 -06/09/98--01048--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Dr. David Parker, DDS	
		Street Address (P.O. Box Number is Not Acceptable) 227 N. Knights Avenue	
		Suite, Apt. #, Etc.	
		City Brandon	State FL
		Zip Code 33510	

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: **David & Parker DDS** REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes or has paid 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)(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: **David & Parker DDS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone # _____

CR2E040 (1-98)