


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 JAN -8 PM 12:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>994000003375</u>					
1. Corporation Name Mason Dental Southeast, Inc. <i>DR. RICHARD S. SOKOL</i>					
Principal Place of Business 4100 N. Powerline Rd. Suite F1 Pompano Beach, FL 33073			Mailing Address (Same address)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1/5/94 5. FEI Number 59-3232459 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable \$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)					
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
PTSD		Gary A. Lockwood		12752 Stark R.	Livonia, MI 48150
8. Name and Address of Current Registered Agent George P. Russell 2739 U.S. Highway 19 N Suite 310 Holiday, FL 34691			9. Name and Address of New Registered Agent Name Dr. Richard S. Sokol Street Address (P.O. Box Number is Not Acceptable) 4100 N. Powerline Rd., Suite F1 Suite, Apt. #, Etc. Suite F1 City Pompano Beach State FL Zip Code 33073		
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 <i>[Signature]</i> Date <u>1-6-97</u> REGISTERED AGENT MUST SIGN					

REINSTATEMENT

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* Gary A. Lockwood, Pres. 12/30/96 (313) 525-1070

CR2C040 (12/95)