

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022388

1. Corporation Name

BROOKSVILLE DENTAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

19494 CORTEZ BLVD  
BROOKSVILLE FL 34601

19494 CORTEZ BLVD  
BROOKSVILLE FL 34601

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1994

5. FEI Number

59-3231952

Applied For

Not Applicable

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 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	4 City / State / Zip
D	STEINKAMP, CARL T II	9516 WALLIEN DR	BROOKSVILLE FL 34601

700023910387  
10/17/03--01071--018 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEINKAMP, CARL T II  
19494 CORTEZ BLVD  
BROOKSVILLE FL 34601

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-7-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-7-03

CH2E040 (7/03)

# ***Judson B. Baggett, CPA, PA***

**Certified Public Accountants**

Judson B. Baggett, MBA, CPA, Partner  
Marci Reutimann, CPA, Partner

6815 Dairy Road  
Zephyrhills, FL 33540  
Phone: (813) 788-2155  
Fax: (813) 782-8606

October 13, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation: Brooksville Dental Associates, PA  
FEI#: 59-3231952  
Notice of Administrative Dissolution or Revocation

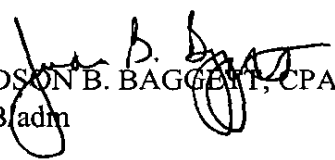
Dear Sir or Madam,

We are writing on behalf of the above referenced Corporation regarding the Application for Reinstatement it received this week from the Division of Corporations.

The Corporation did not receive either of the two prior uniform business report (UBR) notices, but wishes to continue in business in the state of Florida. The Corporation was not aware of the requirement for filing an annual UBR. We have enclosed in this mailing, the appropriate filing fee of \$150.00 and request the reinstatement fee be waived..

If you need more information concerning this matter, please contact us at (813) 788-2155.

Sincerely,

  
JUDSON B. BAGGETT, CPA  
JBB/adm

enc Application for Reinstatement  
Check for \$150.00

(AM\Brooks8)