

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FORM 95-96  
REINSTATEMENT

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

DOCUMENT # P94000045546

1. Corporation Name

Specialty Dental Service Inc.

FILED

99 JUN 14 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

763 East Normandy Blvd  
Deltona FL 32725

Mailing Address

763 East Normandy Blvd  
Deltona FL 32725

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

2. New Principal Office Address, If Applicable

763 East Normandy Blvd

Suite, Apt. #, etc.

City & State

Deltona FL

Zip 32725

Country

UOL

3. New Mailing Office Address, If Applicable

763 East Normandy Blvd

Suite, Apt. #, etc.

City & State

Deltona FL

Zip 32725

Country

UOL

REINSTATEMENT

95-99  
763  
6/14/99

4. Date Incorporated or Qualified  
To Do Business in Florida

6-20-94

5. FEI Number

593245986

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
owner	Laura Wilson	763 East Normandy Blvd	Deltona FL 32725

000002907530--6

-06/17/99 -01055-009

\*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

Laura Wilson  
763 East Normandy Blvd  
Deltona FL 32725

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

Laura Wilson

REGISTERED AGENT MUST SIGN

Date 6-10-99

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)(b), 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:

Laura Wilson Laura Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99

407-860-3956  
Date Daytime Phone #