

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUL 28 AM 8:48

**DOCUMENT #**

**1. Corporation Name**

EAST ORLANDO DENTAL, PA.  
DOCUMENT# P94000057826

**2. Principal Office Address**

11780 E. COLONIAL DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817

Country

USA

**3. Mailing Office Address**

11780 E. COLONIAL DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817

Country

USA

**REINSTATEMENT**

07-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

AUGUST 1, 1994

**5. FEI Number**

59-3276638

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

YARKO, GEORGE A

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

11780 E. COLONIAL DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

07/28/05--01050--001 \*\*1350.00

900058018179

07/28/05--01050--001 \*\*1350.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

7-20-05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	YARKO, GEORGE A.	11780 E. COLONIAL DR.	ORLANDO, FL 32817

**10. 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

7/20/05

Date

4072822101

Daytime Phone #

CR2E081 (01/05)

Mitchell

AUG 04 2005