

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 29 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000 62568**

**1. Corporation Name**

**JOHN W. BONNER DDS, PA**  
**2600 WASHINGTON RD.**  
**MOUNT DORA FL 32757**

**2. Principal Office Address**

**2600 WASHINGTON RD.**

**3. Mailing Office Address**

**2029 CROOKED  
LAKE ESTATES**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MOUNT DORA FL**

City & State

**EUSTIS FL**

Zip

Country

**32757 LAKE**

Zip

Country

**32726 LAKE**

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

**1994**

**5. FEI Number**

**59-3278701**

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

**JOHN W BONNER D.D.S.; P.A.**

**600006849486-7**

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

**2029 CROOKED LAKE ESTATES LANE**

**-08/01/02--01020--023**

**\*\*\*1058.75 \*\*\*1058.75**

Suite, Apt. #, Etc.

City

**EUSTIS**

State

**FL**

Zip Code

**32726**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **7-27-02**

**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
Pres.	JOHN W BONNER	2029 CROOKED LAKE ESTATES	EUSTIS FL 32726

**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

*[Signature]*

**7-28-02 3527350777**

Date

Daytime Phone #

CR2E081 (9/01)