

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FORMED
AND
FILED

98 NOV 19 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069965

1. Corporation Name

DAYTONA DENTURE CENTER, P.A.

Principal Place of Business

Mailing Address

1516 S. NOVA RD.
DAYTONA BEACH FL 32114

1516 S. NOVA RD.
DAYTONA BEACH FL 32114

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

09/16/1994

5. FEI Number

59-3271958

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HAAS, JAMES P	1516 S. NOVA RD.	DAYTONA BEACH FL 32114
D	ELDRIDGE, WILLIAM W	670 GEORGE MILLER CIRCLE	PORT ORANGE FL 32127
			600002699386--9-
			-12/01/98--01079--020
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHYNARD, M A
515 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

PAID
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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-16-98

Daytime Phone #

CR25040 (9/98)

Daytona Denture Centers

1240 8th STREET
DERBY PLAZA SHOPPING CENTER
HOLLY HILL, FLORIDA 32117
(904) 252-7033

1516 SOUTH NOVA ROAD
OFFICE DEPOT SHOPPING CENTER
DAYTONA BEACH, FLORIDA 32114
(904) 258-6964



JAMES P. HAAS, D.D.S. • WILLIAM W. ELDRIDGE, D.D.S. • IRWIN BERGMAN, D.D.S.

November 16, 1998

Dear Sir:

Re: Document P94000069965 (9)

FBI #: 59-3271958

In reference to our conversation of 11-16-98, this is written notice to you that we did not receive any annual Corporation report for this year from your office.

If you will check our past records you will see we have always completed and paid promptly in the past.

Enclosed, is a check in the amount of \$150.00 per your instructions and based on the above information, I assure you there will be no further problems.

Sincerely,

A handwritten signature in cursive script that reads "James P. Haas".

James P. Haas, DDS
Owner