

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 12 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069965**

**1. Corporation Name**

**Daytona Denture Center, PA**

**2. Principal Office Address**

**1316 S. Hwy US 1**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**1316 S. Hwy US 1**

Suite, Apt. #, etc.

**City & State**

**Bunnell, FL**

**Zip**

**32110**

**Country**

**USA**

**City & State**

**Bunnell, FL**

**Zip**

**32110**

**Country**

**USA**

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

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

**Name**

**M. A. "Aprille" Rhyndard**

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

**515 S. Ridgewood Avenue**

**Suite, Apt. #, Etc.**

**City**

**Daytona Beach**

**State**

**FL**

**Zip Code**

**32114**

**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 **1/6/04**

**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
<b>P</b>	<b>JAMES P. HAAS</b>	<b>1224 S. Peninsula Dr. #221</b>	<b>DAYTONA BEACH FL 32118</b>

**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: **X**

**James P. Haas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-04**

Date

**(386) 586-3677**

Daytime Phone #

CR2E081 (10/02)

113

20f2

January 6, 2004

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

Re: Waiving of Reinstatement fee

To Whom It May Concern:

This letter is being sent along with the Corporation Re-instatement Application. On May 3, 2002, I sold my practice (Daytona Denture Center). I still own the Daytona Denture Center, PA. Since I sold my practice and retired, I have not received or had any of my mail forwarded to my home address.

I started a new practice and would like to continue with the same Tax ID # 59-3271958 as that is for the corporation I still own. I am trying to reinstate since I found out that I never received the annual report.

If you should have any questions regarding the above letter, please contact me at (386) 586-3677.

Sincerely,

  
James P. Haas, DDS

1cc: File