

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 16 AM 8:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000078614

1. Corporation Name
 LAKESIDE DENTAL CENTER, P.A.

Principal Place of Business Mailing Address
 2945 N AUSTRALIAN AVE 2945 N AUSTRALIAN AVE
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407



REINSTATEMENT *ad 1/16*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/24/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0538293	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
PD	JOHNS, JACKIE C.	2945 N. AUSTRALIAN AVE	WEST PALM BEACH FL 33407

400002405984--8
 01/21/98-01014-014
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNS, JACKIE C 2945 N AUSTRALIAN AVE WEST PALM BEACH FL 33407		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]* Date *12-30-97*
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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]* 12-30-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)