

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 21 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/21/07--01033--007 **1058.75

DOCUMENT # P95000000787

1. Corporation Name

T.E. REYNOLDS, D.D.S., P.A.

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
200 TAMIAMI TRAIL NORTH

3. Mailing Office Address
200 TAMIAMI TRAIL NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34285

Country
SARASOTA

Zip
34285

Country
SARAOSTA

4. Date Incorporated or Qualified
To Do Business in Florida 1/4/1995

5. FEL Number
65-0543480

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
THOMAS E. REYNOLDS

Street Address (P.O. Box Number is Not Acceptable)
200 NORTH TAMIAMI TRAIL NORTH

Suite, Apt. #, Etc.

City
VENICE

State
FL

Zip Code
34285

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *X Thomas E. Reynolds*
REGISTERED AGENT MUST SIGN

Date NOVEMBER 19, 2007

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
P	THOMAS REYNOLDS	200 NORTH TAMIAMI TRAIL NORTH	VENICE, FL 34285
T	THOMAS REYNOLDS	200 N. TAMIAMI TR., N	VENICE FL 34285
S	THOMAS REYNOLDS	200 N. TAMIAMI TR., N	VENICE FL 34285

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 contained in Chapter 119, 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 Thomas E. Reynolds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 19, 2007 941) 484-4001
Date Daytime Phone #

THOMAS E. REYNOLDS