

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 29 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000002091

1. Corporation Name

DAVID JOHNSON DDS PA

REINSTATEMENT 03-04

2. Principal Office Address

10456 Roosevelt Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1707 W. Hills Ave

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

Tampa FL

Zip

33716

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/1996

5. FEI Number

650627880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

DAVID JOHNSON

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

1707 W. Hills Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

*David Johnson*

REGISTERED AGENT MUST SIGN

Date

12/24/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	DAVID JOHNSON	1707 W. Hills Ave	Tampa FL 33606
Sec	Deborah Johnson	1707 W. Hills Ave	Tampa FL 33606

200043704232

12/23/04 01037-019 \*\*300.00

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)(f), 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:

*David Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/04

Daytime Phone #