PLEASE READ	ALL INSTRUCTION	S BEFORE	COMPLETING THIS FORM.	
APPLICATION	FLORIDA DEPARTA		APPROVED	
FOR 91-98	, Sandra B. M Secretary o		filleo	
REINSTATEMENT DIVISION OF CORPORATIONS				
DOCUMENT # P960000 20419			98 FEB 24 PM 4: 11	
1. Corporation Name PITCHER DENTAL LABORATORY, INC, 4546 CLEMENS STREET SUITEC			SECRETARY OF STATE	
4546 CLEMENS STREET SUITE			TĂLLAHASSÉE, FLORIDA	
Principal Place of Business FL, 33463 Mailing Address			· ·	
4546 CLEMENS STREET SOFTE CO				
LAKE WORTH, FL. 33463				
If above addresses are incorrect in any way, fine thro	ough incorrect information and e	nter correction below.		
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3-4-96		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		(5.)FEI Number Applied For	
City & State	City & State		65-0654917 Not Applicable	
Zip Country	Z _I p Co	ountry	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 cor	·····		
Title(s) Name of Officers Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director				
tresident GEORGE PITCHER	13754	CHATSWORTH	VICIOLE DR	
PIERLEON	WELLE.	NOTON, FL.	33414 WELLENGTING, FL. 334/4	
		DEINS	TATEMENT 97-98	
		UPHAO	Q. alan	
			a. alan	
			2/24/98	
			5000024418654 -02/26/9801087032	
8. Name and Address of Current F	Registered Agent		9. Name and Address of New Registered Agent **** 300.00	
LURALE PITCHER Name				
13 10 CAAPIS WELLE			P.O. Box Number is Not Acceptable)	
WELLENGTON, FL. 33414		Suite, Apt. #, Etc	Suite, Apt. #, Etc.	
		City	State Zip Code	
10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent X Date X /2/10/97 Registered Agent X Date X /2/10/97				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone 4				
SIGNATURE KRIPT FED UR PRIN	THE PART OF GRAND OFFICER	Un Dillevion	Dailo Daylime Phone #	

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