

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT # 996000088931

1. Corporation Name  
DAVIDSON DENTAL LAB INC.

Principal Place of Business Mailing Address  
2320 TAMiami TRAIL #4  
PORT CHARLOTTE, FL 33952

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10-28-96

5. FEI Number

65-0707789

Applied For

Not Applicable

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 corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	STEVEN J. DAVIDSON	722 TRUMPET TREE	PUNTA GORDA, FL 33955
V.P.	LESLIE A. DAVIDSON	722 TRUMPET TREE	PUNTA GORDA, FL 33955
			800002350918--7
			-11/18/97--01081--008
			*****165.00 *****165.00
			800002350918--7
			-11/18/97--01081--009
			*****8.75 *****8.75

8. Name and Address of Current Registered Agent

LESLIE A. DAVIDSON  
2320 TAMiami TRAIL #4  
PORT CHARLOTTE, FL 33952

9. Name and Address of New Registered Agent

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

Yoshida

REGISTERED AGENT MUST SIGN

Date

11-13-97

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 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:

Yoshida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-97

Date

941 484-7934

Daytime Phone #

2

*Davidson Dental Lab  
2320 Tamiami Trail Unit #4  
Port Charlotte, FL 33952*

*11/13/97*

*Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314*

*Division of Corporations,*

*I am writing in reference to Davidson Dental Lab Inc. Back in May of this year my husband Steven J. Davidson had open heart surgery. It came at us so fast that we were unable to prepare for it, Steve had never been sick and we had no indication that he had Heart decease. I am responsible for the books and with all that was going on and we did not receive the package from the State for the Division of Corporations filing and I did not remember that it was due in May. At that time the doctors told me that my husband might not make it through the surgery he had 95% blockage with heart decease and even after he came through surgery I was told that he still has heart decease and will for the rest of his life. I know this is not an excuse but I am asking to be forgiven and that Davidson Dental Lab Inc. be reinstated. I keep books for another Corporation also and should have known that it was due but I had to take (2) months off from work to take care of Steve when he came home from the hospital.*

*Thank You for your understanding,*

*Leslie A. Davidson*