PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98 99 **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 22 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094947

Corporation Name
Dr. Marie J. Basco Family Dental Care, Inc.

Principal Place of Business	Mailing Address
27721-21 MONUMENT RD. JACKSONVILLE FL 32225-3514	(Same)

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: 11/20/96

5. FEI Number: 59-3414164 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	BASCO, MARIE J.	12640 Shoal Creek LN	JACKSONVILLE, FL 32225

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-02/09/99--01067--021
****908.75 ****908.75

REINSTATEMENT [redacted] 98-99

T.S. 1/28/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CABREY, BRIAN J. 1309 ST JOHNS BLUFF RD N SUITE A-3 JACKSONVILLE, FL 32225	Name: MARIE J. BASCO; Street Address (P.O. Box Number is Not Acceptable): 12640 SHOAL CREEK LN; Suite, Apt. #, Etc.: ; City: JACKSONVILLE; State: FL; Zip Code: 32225

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] REGISTERED AGENT MUST SIGN Date 6 Jan 99

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] 6 Jan 99 (904) 641-3731 (904) 641-3732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR. MARIE J. BASCO, PRESIDENT

CR2E040 (1/98)