2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000094947

1. Entity Name
DR. MARIE J. BASCO FAMILY DENTAL CARE, INC.

FILED
04 OCT 20 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

Principal Place of Business
2771-21 MONUMENT ROAD
JACKSONVILLE, FL 32225

Mailing Address
2771-21 MONUMENT ROAD
JACKSONVILLE, FL 32225

10192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
2771-21 MONUMENT RD	2771-21 MONUMENT RD
Suite, Apt. #, etc. JACKSONVILLE	Suite, Apt. #, etc.
City & State FL	City & State JACKSONVILLE, FL
Zip 32225 Country U.S.A	Zip 32225 Country U.S.A

4. FEI Number 59-3414164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASCO, MARIE J
12640 SHOAL CREEK LN
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 19 Oct 2004
DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BASCO, MARIE J	NAME	800042029768
STREET ADDRESS	12640 SHOAL CREEK LN	STREET ADDRESS	10/20/04--01078--002 **750.00
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 19 Oct 04 (904) 641-3732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #