


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000101156**

1. Corporation Name
CRAIG B. STRANIGAN, D.M.D., P.A.

| | |
|--|--|
| Principal Place of Business 1100 SW ST LUCIW WEST STE 206 SUITE 209 PRT ST LUCIE FL 34986 | Mailing Address 1100 SW ST LUCIW WEST STE 206 SUITE 209 PRT ST LUCIE FL 34986 |
|--|--|

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 **12/16/1996**

5. FEI-Number **65-0719584**

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

FILED
 01 NOV 15 PM 6:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| P | STRANIGAN, CRAIG B | 1100 SW ST LOCUE W BLVD SUITE 20 | PRT ST LUCIE FL |
| | | | 100004705381--3 -12/05/01--01017--017 ****750.00 ****750.00 |
| | | | TS |
| | | | REINSTATEMENT 01 |

8. Name and Address of Current Registered Agent

STRANIGAN, CRAIG B
 1100 SW ST LUCIW WEST STE 206
 SUITE 209
 PRT ST LUCIE FL 34986

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 _____ **SIGNATURE REQUIRED** _____ Date **11-5-01**

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** **Craig B Stranigan DMD 11-5-01 561-340-0805**

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

CRRE040 (8/01)