

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUN 14 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00

DOCUMENT # P97000032221

1. Corporation Name

GREGORY N. BORGANELLI, DMD, PA

2. Principal Office Address

3707 HWY 47 SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

3707 HWY 47 SOUTH

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

LAKE CITY FL

Zip

32025

Country

USA

Zip

32025

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/08/1997

5. FEI Number

59-3435468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGORY N. BORGANELLI

Street Address (P.O. Box Number is Not Acceptable)

3707 HWY 47 SOUTH

Suite, Apt. #, Etc.

City

LAKE CITY

State
FL

Zip Code

32025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Gregory N. Borganelli, DMD
REGISTERED AGENT MUST SIGN

Date 6/12/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	GREGORY N. BORGANELLI	3707 HWY 47 SOUTH	LAKE CITY, FL 32025
D	SUZANNE H. BORGANELLI	3707 HWY 47 SOUTH	LAKE CITY, FL 32025

10. 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 807.0401 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: *Gregory N. Borganelli, DMD* GREGORY N. BORGANELLI 6/12/02 386.752.8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)