PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058466

1. Corporation Name

PENSACOLA FAMILY DENTAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
14 WEST JORDAN STREET. SUITE 2-G PENSACOLA FL 32501	14 WEST JORDAN STREET. SUITE 2-G PENSACOLA FL 32501

REINSTATEMENT 03

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: 07/02/1997

5. FEI Number: 59-3450114 ☐ 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 3	City / State / Zip 4
D	JERNIGAN, KIM U DR	14 W JORDAN ST SUITE 2G	PENSACOLA FL 32501

500023751995
10/13/03--01070--023 **150.00

8. Name and Address of Current Registered Agent

JERNIGAN, KIM U DR
14 N. JORDAN ST
STE 2-G
PENSACOLA FL 32501

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

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Dr Kim U. Jernigan — Date: 10-10-03
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: Dr Kim U. Jernigan — 10-10-03 — 8504345247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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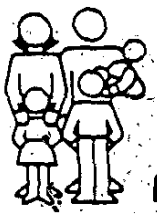
2052

B.V. Dannheisser, Jr., DDS
Kathy Bosso, DMD
Kim U. Jernigan, DMD

"We are committed to helping people define and achieve their lifetime dental goals in a caring environment."



Pensacola Family Dental Associates, P.A.

"WE CARE"

14 West Jordan St. • Suite 2G
Pensacola, Fl 32501-1736
Telephone (850) 434-5247

10-10-08

To Whom It May Concern,
I have never received documents (UBR) to Return or notice of fee to be paid until this document was received.
(P97000058466)

Dr Kim Jernigan
Registered Agent and Director
FEI # 593450114