

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000066652

1. Corporation Name

DENTAL CONSULTANTS, INC.

Principal Place of Business

6506 SHADOW CT
LAKELAND FL 33813

Mailing Address

6506 SHADOW CT
LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1997

5. FEI Number

50-3484357

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	CARLOW, ANNA M	6506 SHADOW CT	LAKELAND FL 33813
D	MOSER, GORY	2090 E FLAMINGO DR	BARTOW FL 33830

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-12/03/99--01015--024
*****750.00 *****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLOW, ANNA M
6506 SHADOW CT
LAKELAND FL 33813

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 607.0506, F.S.

Signature of
Registered Agent

A. Anna M. REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/17/99

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:

A. Anna M. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/99

Daytime Phone #