PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE		FILED
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	05 NOV 16 PM 2: 34
DOCUMENT # P97 0000 740 76		SECHETZILT OF STATE TALLAHASSEE, FLORIDA
1 Corporation Name		
STEPHEN E. Ezell, D.D.S., P.A.		REINSTATEMENT 98_ 05
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Office Address 9000 5W 15J ST	3. Mailing Office Address 9000 5W 152 ST	CR2E081 (8/05)
Suite, Apt. #, etc.	Suite Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida & 25 97 5. EE! Number / Applied For
Zip Country	Zip Country	6. SANGER OF STANDERS OF STAND
33/57 USA 33/57 USA CERTIFICATE OF STATUS DESIRED ☐ for a Certificate of Status 7. Name and Address of Current Registered Agent		
Name STCPHEN & EZCLL Street Address (P.O. Box Number is Not Acceptable) SUDO SW 152 FRECT Suitemapt. #, Etc. JUJHE 101 City State Zip Code		
MIBA		FL 33157
8. 1, 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 Date REGISTERED GENT MUST SIGN		
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	
D STEPHEN E EZE	LL 9000 SW 152 ST	MIAM, F 3315)
		200061762572 11/29/0501068010 **1800.00
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 filling 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 Date Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		