

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 12 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000090005

1. Corporation Name

Atlantic Denture Clinic, P.A.

2. Principal Office Address

904 South U.S. 1

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

3. Mailing Office Address

904 South U.S. 1

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida 10/17/1997

5. FEI Number 59-3481292

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

William J. Bubbers, Receiver

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

1941 Michigan Ave.

Suite, Apt. #, Etc.

City

Cocoa

800028152098
02/03/04--01053--008 **750.00
800028152098
02/12/04--01027--002 **150.00
State Zip Code
FL 32922

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

William J. Bubbers Receiver
REGISTERED AGENT MUST SIGN

Date 1-29-04

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
REC	William J. Bubbers, CPA Receiver	1941 Michigan Ave.	Cocoa, FL 32922

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 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:

William J. Bubbers Receiver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-04

Daytime Phone #

3216328650

CR2E081 (10/02)