

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108338

1. Corporation Name

CHARLES SEGLER, D.D.S., P.A.

Principal Place of Business

2915 S FEDERAL HWY
DUMAR PLAZA, STE D-1
DELRAY BEACH FL 33483-3217

Mailing Address

2915 S FEDERAL HWY
DUMAR PLAZA, STE D-1
DELRAY BEACH FL 33483-3217

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. SUITE #D-1

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. SUITE #D-1

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1997

5. FEI Number

65-0802836

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 |
|---------------|---|--|---|
| PST | SEGLER, CHARLES DDS | 2915 S FEDERAL HWY, DUMAR PLAZA, | DELRAY BEACH FL 33483 |
| | | | 000004685950--0 -11/16/01--01084--020 *****150.00 *****150.00 |
| | | | 000004685950--0 -11/16/01--01084--021 *****8.75 *****8.75 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

SEGLER, CHARLES DDS
2915 S FEDERAL HWY
DUMAR PLAZA, STE D-1
DELRAY BEACH FL 33483-3217

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

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.

Signature of
Registered Agent

Charles Segler DDS
REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Segler DDS

561-278-6008
10/12/01 ↑



Charles Segler, D.D.S., P.A.
Family General Dentistry

(561) 278-6008
Fax (561) 278-5522

Dumar Plaza, Suite D1 • 2915 South Federal Highway • Delray Beach, Florida 33483-3217

10/17/01

Attn: Division Of Corporations

I am writing to ask you to consider my payment of \$150.00, as payment in full. We never have received the first or second notice, or any other correspondence regarding any annual fee. We are a relatively new corporation, and I am not sure in my Accountant or Attorney had not properly informed me. I can assure you, had we ever received any notice of payment due we would have paid it immediately.

I hope you will consider my request and absolve me from this penalty. Also enclosed is a check for \$8.75 for certificate of status.

Sincerely,

Charles Segler DDS

Charles Segler, D.D.S.

CS/cw