

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 PM 3:35

DOCUMENT # **98000009908**

1. Corporation Name

EVERYONE LOVES A GENTLE DENTIST, PA

2. Principal Office Address

99105 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

Zip

33031

Country

USA

3. Mailing Office Address

P.O. Box 12545

Suite, Apt. #, etc.

City & State

CINCINNATI, OH

Zip

45212

Country

USA

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/1/98

5. FEI Number

65-0808464

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

DONALD A. EUSMAN

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

128 KAHKI DRIVE

Suite, Apt. #, Etc.

100003405201-8

-09/26/00--01103--004

******800.00 ****900.00**

City

TAVERNIER

State

FL

Zip Code

33070

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

Donald A. Eusman

REGISTERED AGENT MUST SIGN

Date

9/6/00

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
PRES.	DONALD A. EUSMAN	128 KAHKI DRIVE	TAVERNIER, FL 33070

AD

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:

Donald A. Eusman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00

Date

(305) 451-2616

Daytime Phone #