

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



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

FILED

00 NOV 13 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014410

1. Corporation Name

MCLELLAN DENTAL, INC.

Principal Place of Business

Mailing Address

1100-2 S. PONCE DE LEON BLVD. #B  
ST. AUGUSTINE FL 32086

1100-2 S. PONCE DE LEON BLVD. #B  
ST. AUGUSTINE FL 32086



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

2. New Principal Office Address, If Applicable

1100-2 S Ponce de Leon Blvd Ste A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste A

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1998

5. FEI Number

59-3493889

Applied For

57-3493889

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
D	MCLELLAN, MATT DR	<del>358 TRAVINO AVENUE</del>	<del>ST. AUGUSTINE FL 32086</del>
D	MCLELLAN, BARBARA DR	<del>358 TRAVINO AVENUE</del>	<del>ST. AUGUSTINE FL 32086</del>
		1 Brice Lane	Palm Coast
			9000003488489--1
			12/06/00-01005-001
			****150.00 ****150.00
			00 UBR 178

8. Name and Address of Current Registered Agent

ALEXANDER, J S ESQ  
162 SAN MARCO AVENUE  
SUITE 4  
ST. AUGUSTINE FL 32084

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-8-00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-00  
Date

(904) 829-6321  
Daytime Phone #

CR2040 (8/00)

*PAK 2/2*

**Kenneth R. Kresge CPA, PA**

CERTIFIED PUBLIC ACCOUNTANT

403 Anastasia Blvd.  
Suite 1  
St. Augustine, Florida 32084

(904) 824-0193  
(904) 824-0213  
FAX (904) 825-1146

November 1, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

McLellan Dental, Inc.  
P98000014410

Dear Sir or Madam:

This letter is being sent on behalf of the taxpayer, in regards to the 2000 Uniform Business Report. We have enclosed a check for \$150.00, in hopes that the division will wave the \$600.00 late filing fee due to the fact that Dr. McLellan never received the first and second notice from the Department of State. Please note the address change on the form. If there is any further information needed or any questions concerning this matter, please feel free to contact me at one of the above numbers. Thanking you in advance for your cooperation in this matter.

Sincerely,

Kenneth R. Kresge CPA, PA