

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000027022**

1. Corporation Name

GEORGE E. LINSKY DENTAL LABORATORY, INC.

2. Principal Office Address - No P.O. Box #

3870 5TH AVENUE NORTH

3. Mailing Office Address

3870 5TH AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1998

5. FEI Number

59-3499856

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
ELIZABETH G. BOURLON, P.A.

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

262 4TH AVENUE NORTH

Suite, Apt. #, Etc.

City
ST. PETERSBURG

State
FL

Zip Code
33701

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elizabeth G. Bourlon

REGISTERED AGENT MUST SIGN

Date **4/9/07**

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
D	GEORGE LINSKY	3870 5TH AVENUE NORTH	ST. PETERSBURG, FL 33713
D	MAUREEN LINSKY	3870 5TH AVENUE NORTH	ST. PETERSBURG, FL 33713

REINSTATEMENT

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 contained in Chapter 119, 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:

George E. Linsky

George E Linsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-23-07

Daytime Phone #

727-328-9114

FILED

2007 APR 12 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000098011500

04/23/07--01038--016 **1050.00

CR2E081 (1/07)