

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000029106**

1. Corporation Name

**EDGERTON ORTHODONTICS, P.A.**

Principal Place of Business

Mailing Address

**444 NORTH MILLS AVENUE  
ORLANDO FL 32803**

**444 NORTH MILLS AVENUE  
ORLANDO FL 32803**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/30/1998**

5. FEI Number

**NOT APPLICABLE**

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
D	EDGERTON, ROBERT L DDS	444 NORTH MILLS AVENUE	ORLANDO FL 32803
			000024935670 11/21/03--01080--005 **\$500.00
			000024935670 12/18/03--01043--011 **\$150.00

8. Name and Address of Current Registered Agent

**EDGERTON, ROBERT L DDS  
444 NORTH MILLS AVENUE  
ORLANDO FL 32803**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/03

407843-2143

CR2E040 (7/03)