

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000033312

1. Corporation Name

MCDOWELL ORTHODONTICS, P.A.

Principal Place of Business

Mailing Address

1433 COURT STREET
CLEARWATER FL 33756

1433 COURT STREET
CLEARWATER FL 33756

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1998

5. FEI Number

59-3503530

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCDOWELL, ERNEST H D.M.D.	1433 COURT STREET	CLEARWATER FL 33756

700023958727

10/21/03--01012--011 **150.00

10/10/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDOWELL, ERNEST H D.M.D.
1433 COURT STREET
CLEARWATER FL 33756

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]
REGISTERED AGENT MUST SIGN

Date 10/9/03

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

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

Ernest H.
McDowell, DMD

Board-Certified: American
Board of Orthodontics
DMD: University of Florida
College of Dentistry,
Gainesville, FL
Certificate in Orthodontics:
University of Louisville,
Louisville, KY

Member: American Dental
Association, American
Association of Orthodontists,
Florida Orthodontics Society
(Mentor Program Chairman),
Upper Pinellas County
Dental Society, Rotary Club

Jeremy M. Albert,
DMD, MS

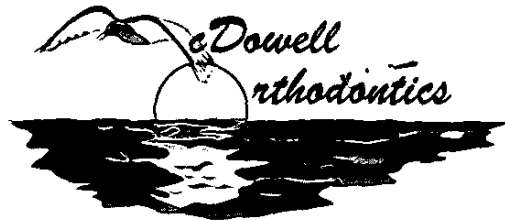
Board-Eligible: American
Board of Orthodontics
DMD: University of Florida
College of Dentistry,
Gainesville, FL
Master of Science: University
of Florida College of Dentistry,
Gainesville, FL
Certificate in Orthodontics:
University of Florida College of
Dentistry, Gainesville, FL
Member: American Dental
Association, American
Association of Orthodontists,
Florida Orthodontics Society,
Upper Pinellas County
Dental Society

*For a straight,
beautiful smile*

- Adults and children
- Crowded, misaligned or
crooked teeth
- Teeth spacing
- Overbite/underbite
- Crossbite
- Facial imbalance
- Preventive programs
- Early intervention for kids
- Clear and traditional braces
- Invisalign® technology
- Surgical orthodontics
- TMJ treatment
- Teeth whitening

*Convenient and
affordable*

- Visa, MasterCard and
Discover
- Payment plans available
- Low down payments
- Insurance accepted
and filed
- Family discounts available



Orthodontic care that's easy on adults and fun for kids

October 16, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Waiver of Reinstatement Fee
McDowell Orthodontics P.A. Doc# P98000033312

To Whom It May Concern:

I am writing you this notice to inform you that I have not received
Any notice to file my UBR reports prior to this notice. I ask that the
reinstatement fee be waived do to this occurrence. Please find enclosed my
reinstatement application along with a ck for 150.00

Sincerely,

Ernest H. McDowell DMD
Ernest H. McDowell

Tel: (727) 442-6098 • www.mcdowellorthodontics.com

1433 Court Street • Clearwater, FL 33756
Fax: (727) 442-0510

2445 Tampa Road • Palm Harbor, FL 34683
Fax: (727) 786-4793

10601 Seminole Blvd. • Largo, FL 33778