PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION "FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State 1

DIVISION OF CORPORATIONS

P98000038069 **DOCUMENT #**

1. Corporation Name

ADVANTAGE DENTAL WALK-IN CENTER, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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FILED

03 OCT 31 AM 9: 46

SECHETMAY OF STATE FALLAHASSEE, FLORIDA



2224 E. COLUMBUS DR TAMPA FL 33605				2224 E. COLUMBUS DR TAMPA FL 33605				REINSTATEMENT 03				
If above	addresses ar	e incorrect in any way, l	ine through incorred	t information	and enter o	orrection below.	BEIL	ه ۱۳۵۱ (۱۳۴۱ ع 🚅	~			
2. New l	Principal Office	Address, If Applicable	3. New M	ailing Office A	ddress, If A	opplicable	Date Incorp To Do Busi	porated or Qualified iness in Florida	04/09/100	0		
Suite, Apt. #, etc. Suite, A			Suite, Apt.	#, etc.			5. FEI Number Applied For					
City & State			City & Sta	City & State				E0_2E07044		Not Applicable		
Zip		Country	Zip	*****	Country		6. CERTIFICAT	E OF STATUS DESIRED		onal Fee required ficate of Status		
7. Name	s and Street A	ddresses of Each Office	er and/or Director(Florida nonpro	ofit corporat	ions must list at le	ast 3 directors)					
Title(s)	s) Name of Officers and/or Directors					eet Address of Each ficer and/or Director		City / State / Zip				
Р	GAMBLE, ISOLDA 4			4915 DE	4915 DEWEY ROSE			TAMPA FL 33624				
VP	GAMBLE,	TONY		4915 DE	4915 DEWY ROSE CT			TAMPA FL 33624				
						······································	10/3L	0024330 03-01032-02	554 **150	.00		
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	8. Na	me and Address of Cu	rrent Registered A	 Ngent			9. Name and	Address of New Registe	red Agent			
						Name	· · · · · ·	-		7,003		
	BLE, TONY	LIC NO	ر المسيد ال			Street Address (P.O.,Box Numbe	r is Not Acceptable)		82F0A0 (7/03		
2224 E. COLUMBUS DR TAMPA FL 33605				Suite, Apt. #, Et		С.						
					ì	City	· 		State Zip Co	de		
10. I, bei Signature Registere	e of	he registered agent of the	ne above named co		77 X	h and accept the c	obligations of Sec	tion 607.0505, F.S. or 617		3		
this re owed	einstatement ap by the corpora	pplication, the reason fo	r dissolution has be d the names of ipd	en eliminated viduals listed	l, the corpor on this forn	ate name satisfies to do not qualify for	s the requirement r an exemption ur	apter 607 or 617, F.S. I ful s of section 607.0401 or 6 nder section 119.07(3)(i), F	17.0401, F.S.,	that all fees		

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ADVANTAGE DENTAL WALK-IN CENTER, INC.

Principal	Place of	Busine	988

Mailing Address

2224 E. COLUMBUS DR

2224 E. COLUMBUS DR



TAMPA FL	33605	TAMPA FL 33605				1 IDENIO EN 156 TENEN CONTROL DE				
If above	addresses are incorrect in any way, line t	hrough incorrect is	nformation and	d enter c	orrection below.					
	incipal Office Address, if Applicable		3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Büsiness in Florida 04/28/1998			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. FEI Number Applied				
City & Stat	e	City & State				<u> </u>	59-3507841	Not Ap	plicable	
Zip	Country	Zip		Country		6. CERTIFICATI	E OF STATUS DESIRED \$8.7	5 Additional Fee or a Certificate of	required Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit	corporat	ions must list at lea	ast 3 directors)				
Title(s)	s) Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo						
Р	GAMBLE, ISOLDA	4915 DEWE			SE		TAMPA FL 33624			
VP GAMBLE, TONY			4915 DEWY ROSE CT			TAMPA FL 33624				
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_ -	8. Name and Address of Currer	ent			9. Name and Address of New Registered Agent					
	<u></u>				Name				-	
GAMB	BLE, TONY				Street Address (P.O. Box Number	r is Not Acceptable)~			
2224	Silvot / Iddiods									
TAMPA FL 33605			Suite, Apt. #, Etc							
					City		State FL	Zip Code		
10. I, beir	ng appointed the registered agent of the a	bove named corp	oration, am fa	miliar wil	h and accept the o	bligations of Sec	tion 607.0505, F.S. or 617.050	i, F.S.	Ì	
	10	· (/)							j	
Signature Registere	of d Agent	Telle	RE		MED		Date 12-17-	03		
		REGISTERED AC	GENT MUST S	SIGN						
this re owed	y that I am an officer or director or the rec instatement application, the reason for dis by the corporation have been paid and th application is true and accurate, and rev	ssolution has been e names of individ	eliminated, the duals listed on	ne corpo this for	rate name satisfies n do not qualify for	the requirement an exemption ur	s of section 607.0401 or 617.04	01, F.S., that all	fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17-03 Ownsin of Rosp. UBR Thank you Tony CAMble 813-247-3322 - -٠.

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