

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000046559

1. Corporation Name

DENT DIMENSION, INC.

Principal Place of Business

1362 HELVENSTON NW
PALM BAY FL 32907

Mailing Address

1362 HELVENSTON NW
PALM BAY FL 32907

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

05/21/1998

5. FEI Number

59-3511267

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BARNHILL, WILLIAM	1362 HELVENSTON NW	PALM BAY FL 32907

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNHILL, WILLIAM 1362 HELVENSTON NW PALM BAY FL 32907		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 REQUIRED

Date

10/18/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00

Daytime Phone #

321 752 8767

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Dent Dimension, Inc.
1362 Helvenston St. NW
Palm Bay, FL 32907
321-727-3192

Dear Sirs:

~~This letter is to let you know that we did not receive the 2 previous~~
notices regarding our payment due. I am enclosing the initial filing fee of
\$150.00 and a reinstatement form.

Please feel free to call with any questions.

Sincerely,

William Barnhill
Owner