

P 98000051059

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 JUL -1 PM 4:35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 98000051059

1. Corporation Name

Damon and Anderson, P.A.

2. Principal Office Address

3300 Bonita Beach Road

Suite, Apt. #, etc.
117

City & State

Bonita Springs, FL

Zip

34134

Country

U.S.A.

3. Mailing Office Address

3300 Bonita Beach Road

Suite, Apt. #, etc.
117

City & State

Bonita Springs, FL

Zip

34134

Country

593526637

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/08/1998

5. FEI Number
593526637

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

Edmond E. Koester, Esq.

07/01/03--01035--003

**943.50

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

4001 Tamiami Trail North

7000212376
07/01/03--01035--003

**943.50

Suite, Apt. #, Etc.

300

City

Naples

State
FL

Zip Code
34103

DC 7-9-03

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

[Signature]

Date

6-16-2003

REGISTERED AGENT MUST SIGN

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
Director	Darryl E. Damon, D.M.D.	3300 Bonita Beach Road, Suite 117	Bonita Springs/FL/34134
Director	Peter G. Stickney, D.M.D.	3300 Bonita Beach Road, Suite 117	Bonita Springs/FL/34134
President	Darryl E. Damon, D.M.D.	3300 Bonita Beach Road, Suite 117	Bonita Springs/FL/34134
Vice President	Peter G. Stickney, D.M.D.	3300 Bonita Beach Road, Suite 117	Bonita Springs/FL/34134
Treasurer	Darryl E. Damon, D.M.D.	3300 Bonita Beach Road, Suite 117	Bonita Springs/FL/34134
Secretary	Peter G. Stickney, D.M.D.	3300 Bonita Beach Road, Suite 117	Bonita Springs/FL/34134

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 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

DARRYL E. DAMON, DMD 6/10/3

Date

Daytime Phone #

239.947.6610

CR2E081 (10/02)