## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

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SECRETARY OF STATE

00 DEC -6 -PM-1:10

DOCUMENT # **P98000079970** 

1. Corporation Name

EAST LAKE DENTAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PALM HARROR EL SARRE

4994-AUSTON-WAY



PALM HARBOR FL 34685 PALM HARBOR FL 34685			1 13311311	10 10101 1011) 0011) 00111 001	)))	1811 1881 8811 1881 ·	
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If above addresses are incorre	ect in any way, line through incorrect in	nformation and enter o	orrection below.	FINST	glennen		//
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, 4852 Ridgemeer Blvd 4852 Ridgemee			ニュー・コート コート・コート・コート・コート・コート・コート・コート・コート・コート・コート・	To Do Business in Florida 09/15/1998			
Suite, Apt. #, etc. U	Suite, Apt. #	, etc. J		5. FEI Number		<del></del>	Applied For
City & State	City & State	Harbar [	7		59-3555761		Not Applicable
Palm Harbor Zip 34685 Pin	ntry zip346	85 Pine	Las I	6. CERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status
7. Names and Street Addresse	s of Each Officer and/or Director (Flo	orida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors	Stre	et Address of Each icer and/or Director		4	City / State / Zip	
D HORN, HEIDI	C.S.	4394 AUSTON	WAY:	Rud	PALM HARBOR	FL 34685	
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		·	<u>-</u> `				<u> </u>
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8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Name							
HORN, HEIDI C.S. 4334 AUSTON WAY 4852 Ridgemoor Blvd Street Address				DO Day Missing in Not Acceptable)			
4334_AUSTON-WAY	Street Address (P.O. Box Number is Not Acceptable)				25		
PALM HARBOR FL 34685			Suite, Apt. #, Etc.				8
			City		****	State Zip C	ode
10. I, being appointed the regis	tered agent of the above named corpo	oration, am familiar wi	th and accept the ob	oligations of Section	on 607.0505, F.S.	1 <u>-</u> : — 1-,	
Signature of	MALAN				Date 30	042	2000
Registered Agent	REGISTERED AG	ENT MUST SIGN			Date	Cen -	
this reinstatement application owed by the corporation has	or director or the receiver or trustee er in, the reason for dissolution has been we been paid and the names of individ d accurate, and my signature shall ha	mpowered to execute to eliminated, the corportuals listed on this form	rate name satisfies n do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401, F.S	i., that all fees
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