

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

00 DEC -6 PM 1:10

DOCUMENT # P98000079970

1. Corporation Name

EAST LAKE DENTAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~4334 AUSTON WAY~~
PALM HARBOR FL 34685

~~4334 AUSTON WAY~~
PALM HARBOR FL 34685



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable
4852 Ridgemoor Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
4852 Ridgemoor Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
09/15/1998

5. FEI Number 59-3555761
Applied For Not Applicable

City & State
Palm Harbor FL
Zip 34685 Country Pinellas

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Palm Harbor FL
Zip 34685 Country Pinellas

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	HORN, HEIDI C.S.	4334 AUSTON WAY 4852 Ridgemoor Blvd	PALM HARBOR FL 34685
			900003500609--8 -12/13/00--01117--003 ****750.00 ****750.00
			PH 2/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORN, HEIDI C.S.
4334 AUSTON WAY
PALM HARBOR FL 34685

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Heidi C.S. Horn*
REGISTERED AGENT MUST SIGN

Date 30 Oct 2000

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: *Heidi C.S. Horn* Heidi CS Horn 30 Oct'00 (727)787-6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)