

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000079970**

1. Corporation Name

EAST LAKE DENTAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4852 RIDGEMOOR BLVD
PALM HARBOR FL 34685

4852 RIDGEMOOR BLVD
PALM HARBOR FL 34685



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3555761

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4852 RIDGEMOOR BLVD	PALM HARBOR FL 34685

500024168105
10/27/03--01075--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORN, HEIDI C S
4852 RIDGEMOOR BLVD
PALM HARBOR FL 34685

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. or 617.0505, F.S.

Signature of Registered Agent *Heidi C S Horn*
REGISTERED AGENT MUST SIGN

Date *22 Oct 2003*

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Oct 2003
Date Daytime Phone #

CR2E040 (7/03)

Heidi C.S. Horn, D.D.S.
4852 Ridgemoor Blvd.
Palm Harbor, FL 34685

October 22, 2003

VIA-COURIER

Department of State
Division Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporate Annual Report (**Document # P98000079970**)

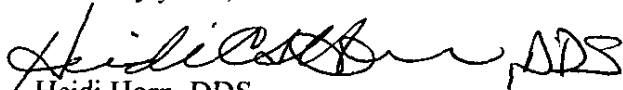
Dear Sir/Madam:

I am writing this letter along with a completed application for reinstatement of East Lake Dental Associates, Inc. I am also requesting waiver of the reinstatement penalty and attaching a check for \$150 as fee for annual filing of the corporate annual report.

I did not receive the corporate annual report in the mail in 2003 or any subsequent notices indicating that my report was delinquent. The only correspondence I have received pertaining to my annual report is the notice of administrative dissolution of my corporation (see attached).

I have filed my annual reports on a timely basis in the past; I am respectfully requesting waiver of penalty for this year. If you have any questions, please feel free to contact me at my office (727) 787-6453.

Sincerely yours,



Heidi Horn, DDS

President

East Lake Dental Associates, Inc.