PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

į .	PLICATION	FLORIDA	A DEPARTME Katherine H a				
Secretary of State					FILED		
DIVISION OF CORPORATIONS					1		
DOCUMENT # P98000083193 1. Corporation Name					01 NOV -8 AM 11: 59		
FREDERICK G. KLEPES, JR., D.D.S., P.A.					SCORETARY OF STATE TALLAHASSEE! FEORIDA		
Principal Place of Business Mailing Address							
_	Lebury-Drive Bor Fl 34885	EBURY_DRIVE_ OR_FL_34685_					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							1001
1801 OAK RIDGE LOAD 1801			DAK LIDGE ROAD		Date Incorporated or Qualified To Do Business in Florida 09/24/1998		
Suite, Apt. f	· =	, etc.		5. FEI Number Applied For			
City & State	TY HARBOR FR	ETY HARBOR, FL		59-3558871 Not Applicable			
Zip 3469	95 Country	Zip 346	95 Count	trý		OF STATUS DESIRED (58.75)	Additional Fee required a Certificate of Status
7. Names a	and Street Addresses of Each Off	cer and/or Director (Flo	orida nonprofit corpor	rations must list at lea	ast 3 directors)		
Title(s)	Name of Offi and/or Direct		Street Address of Each Officer and/or Director		City / Stat	e / Zip	
CEO	KLEPES, JR, FREDERICK G	3713 PENDLEBURY DR 1801 OAK RIDGE RD			PALM HARBOR FL 34885 SAFETY I HALBOL		
VP	/P VIDAL-KLEPES, CARMEN M			BURY DR LIDGE LD		PALM HARBOR FL 34688 SAFETY MARGAR V	2 34695
				5000047053553			
					-12/05/0101017003 ****750.08 \ 156*750.00		
1							
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
Name					(8001)		
NELSON, SCOTT F 200 S HOOVER BLVD, STE 201-140					s (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609 Suite, Apt. #, E							
			City		State	Zip Code	
10. I, being	appointed the registered agent of	the above named corp	oration, am familiar w	vith and accept the ob	oligations of Secti		
			1				
Signature of Registered Agent Date 11-5-260/ REGISTERED AGENT NUST 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:

11-5-2001

Date

Daytime Phone #