

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JAN 30 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/29/03--01058--002 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 098000100735

1. Corporation Name

Valentine Dental, Inc.

2. Principal Office Address

12692 Tamiami Trail E

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34113

Country

USA

3. Mailing Office Address

220 Sharwood DR

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3538122

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

Hogen Palen & Company, mark Ruppolo CPA

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

10181 Six mile Cypress Pkwy.

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33912

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

Mark Ruppolo

REGISTERED AGENT MUST SIGN

Date

1-21-03

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 |
|-----------------------|-----------------------------------|--|-------------------------|
| <u>D</u> | <u>John W. Valentine</u> | <u>220 Sharwood DR</u> | <u>Naples, FL 34110</u> |
| <u>VP</u> <u>S</u> | <u>Patsy S. Valentine</u> | <u>220 Sharwood DR</u> | <u>Naples, FL 34110</u> |
| | | | |
| | | | |
| | | | |

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:

P. Valentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

239-593-0454

Daytime Phone #

CR20081 (10/02)

gs 1/31

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** Type or print principal office address in Block 2.
- Block 3** Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10** This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

| FEES: | PROFIT CORPORATION | NON-PROFIT CORPORATION |
|--|---|------------------------------------|
| Reinstatement Fee | \$600.00 | \$175.00 |
| Annual Report Fee | \$ 61.25 (for each year dissolved) | \$ 61.25 (for each year dissolved) |
| Corporate Supplemental Fee (Profit Corporations only) | \$ 88.75 (for each year dissolved 1992 forward) | N/A |
| Minimum Amount Due | <u>\$750.00</u> | <u>236.25</u> |

Fees to Reinstate* Effective January 1, 2003

| YEAR DISSOLVED | IF A PROFIT CORPORATION | IF A NON-PROFIT CORPORATION |
|-------------------|----------------------------|--------------------------------|
| 1993 | \$2,250.00 | \$848.75 |
| 1994 | 2,100.00 | 787.50 |
| 1995 | 1,950.00 | 726.25 |
| 1996 | 1,800.00 | 665.00 |
| 1997 | 1,650.00 | 603.75 |
| 1998 | 1,500.00 | 542.50 |
| 1999 | 1,350.00 | 481.25 |
| 2000 | 1,200.00 | 420.00 |
| 2001 | 1,050.00 | 358.75 |
| 2002 | 900.00 | 297.50 |
| 2003 | 750.00 | 236.25 |

Mailing Address:
 Department of State
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Courier Service Address:
 Department of State
 Division of Corporations
 409 East Gaines St.
 Tallahassee, FL 32399

Internet Address:
<http://www.sunbiz.org>

(850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

*If dissolved prior to 1993, call 850-245-6059 for filing fee information.

*Add additional \$8.75 for each certificate of status requested.



J.W. Valentine, D.M.D.

COSMETIC AND FAMILY DENTISTRY

12692 TAMiami TRAIL EAST - NAPLES, FL 34113
(941) 775-6660 FAX: (941) 775-6628

January 21, 2003

Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Corporation Reinstatement

To Whom It May Concern:

Please accept my application for corporation reinstatement. It was recently discovered that our corporation status was inactive while having work done through our tax attorney. When I phoned your office I was informed that our annual renewal had been returned undeliverable. Apparently, your office still has the address of our past accountant. We were with the understanding that when we transferred to a new accountant, your office was notified. I apologize for the mix up and am inclosing my renewal application along with check number 1112 in the amount of \$300.00 to cover the annual fee of \$150.00 to cover the two past due payments.

Thank you for your assistance in this matter and I look forward to hearing from you soon.

Sincerely,

Patsy S. Valentine
:PSV