

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -3 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # p99000001869

1. Corporation Name

DAVE W. LOWE, DDS, MS, PA

2. Principal Office Address

4904 S. CLYDE MORRIS BLV

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

SAME

Zip

32129

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/99

5. FEI Number

59-3549678

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

DAVE LOWE

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

4904 S. CLYDE MORRIS BLVD.

Suite, Apt. #, Etc.

SUITE A

City

PORT ORANGE

State
FL

Zip Code
32129

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

REGISTERED AGENT MUST SIGN

Date

6/30/03

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
PRES	DAVE LOWE	937 SEA DUCK DRIVE	DAYTONA BEACH, FL 32119-8765

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

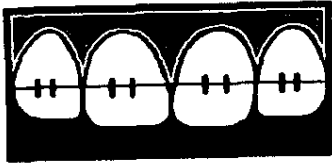
Date

6/30/03

Daytime Phone #

CR2E081 (10/02)

2178



W.J. and David W. Lowe, D.D.S., M.S.
Specialist in Orthodontics

4904 Clyde Morris Boulevard, Suite A
Port Orange, Florida 32129

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

Dear Sirs:

We request an abatement of the reinstatement fee due to the fact we never received the Uniform Business Report. Enclosed is our payment of \$300.00 for the previous two years corporate filings along with the Corporation Reinstatement form.

Please note our address is 4904 Clyde Morris Blvd. Suite A Port Orange, Fl 32129.
Please make the changes accordingly for your records.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Dave Lowe'.

Dave Lowe, President