

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 13 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000047660**

1. Corporation Name

**R. TODD GILLELAND, D.M.D., P.A.**

Principal Place of Business

1980 S TUTTLE AVE  
SARASOTA FL 34239

Mailing Address

1980 S TUTTLE AVE  
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1999

5. FEI Number

59-3582484

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



**REINSTATEMENT** 03

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	GILLELAND, R TODD	1980 S TUTTLE AVE	SARASOTA FL 34239

800023764678  
10/13/03 01093 018 \*\*150.00

8. Name and Address of Current Registered Agent

GILLELAND, R. TODD  
1980 S TUTTLE AVE  
SARASOTA FL 34239

9. Name and Address of New Registered Agent

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-8-03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 08-03

CR2E040 (7/03)

**R. Todd Gilleland, DMD, PA**

1980 South Tuttle Avenue

Sarasota, Florida 34239

941-955-3193

941-955-4223 Fax

October 8, 2003

Division of Corporation  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: FEI No. 59-3582484  
R. Todd Gilleland, DMD, PA

To whom it may concern,

This letter is written to inform your agency that we did not receive the two prior uniform business (UBR) notices, as discussed in the reinstatement package. Had this information been received, it would have been handled expeditiously.

Per the instructions, I am enclosing the completed application for reinstatement, this signed letter and the fee of \$150.00.

Please direct any questions to Susan Gilleland at 941-955-3193. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Todd Gilleland", with a long horizontal flourish extending to the right.

R. Todd Gilleland, DMD, PA  
President