

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 12:11

DOCUMENT # P99000053626

1. Corporation Name

MCPHERSON DENTAL LAB, INC.

Principal Place of Business

Mailing Address

970 SUNSHINE CIRCLE
ALTAMONTE SPRINGS FL 32714

970 SUNSHINE CIRCLE
ALTAMONTE SPRINGS FL 32714



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3581292

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	MCPHERSON, HECTOR G	738 WAYWOOD AVENUE	ORLANDO FL 32825
D	MCPHERSON, LOIS	738 WAYWOOD AVENUE	ORLANDO FL 32825
			500004689985--7 -11/20/01--01080--020 ****150.00 ****150.00

AB 11/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCPHERSON, HECTOR G
738 WAYWOOD AVENUE
ORLANDO FL 32825

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hector G. McPherson *Lois McPherson* 10/24/01 407-281-7943

CR2ED40 (8/01)

10-24-01

Per our telephone conversation. I have not received any notices in the mail. I received this booklet on Friday.

Thank you,
Kris McCherson
McCherson Dental Lab Inc