

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 SEP -1 AM 10:25

DOCUMENT # P99000058496

1. Corporation Name

ROXANNE MALONE, D.D.S., P.A.

2. Principal Office Address

1511 HIGHWAY U.S. 1

3. Mailing Office Address

1511 HIGHWAY U.S. 1

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

SEBASTIAN, FLORIDA

City & State

SEBASTIAN, FLORIDA

Zip

32958

Country

U.S.A.

Zip

32958

Country

U.S.A.

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/29/99

5. FEI Number

65-0934202

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

ROXANNE MALONE - WINARSKI

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

1703 GREYTWIG PLACE

Suite, Apt. #, Etc.

City

MALABAR

State

FL

Zip Code

32950

400040702524
09/01/04--01002--005 **900 00

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

Roxanne Malone DDS PA
REGISTERED AGENT MUST SIGN

Date 08/16/04

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
President	ROXANNE MALONE - WINARSKI	1703 GREYTWIG PLACE	MALABAR, FL 32950
VP	Ronald Joseph Winarski	1703 GREYTWIG PLACE	MALABAR, FL 32950
Treasurer	Roxanne MALONE - Winarski	1703 Greytwig Place	MALABAR, FL 32950
Secretary	Roxanne MALONE - Winarski	1703 Greytwig Pl.	MALABAR, FL 32950

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roxanne Malone DDS PA

Date

08/16/04

Daytime Phone #

CR2E081 (10/02)