PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 JAN -9 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063423

1. Corporation Name

SPRING LAKE DENTAL INC. OF WINTER HAVEN

Principal Place of Business	Mailing Address
1192 HAVENDALE BLVD WINTER HAVEN FL 33881	1192 HAVENDALE BLVD WINTER HAVEN FL 33881

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 1192 Havendale Blvd	Suite, Apt. #, etc.
City & State: Winter haven, FL	City & State
Zip: 33881 Country: Polk	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/16/1999 SP

5. FEI Number: 59-3587784 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GARMESTANI, SEYYEDEH A	1192 HAVENDALE BLVD	WINTER HAVEN FL 33881
STD	GARMESTANI, SEYYEDEH A	1192 HAVENDALE BLVD	WINTER HAVEN FL 33881

000003536830--7
-01/16/01--01022--021
****750.00 ****750.00

000003536830--7
-01/16/01--01022--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BHANJI, RAHIM
1192 HAVENDALE BLVD
WINTER HAVEN FL 33881

9. Name and Address of New Registered Agent

Name: [illegible]
Street Address (P.O. Box Number is Not Acceptable): 1192 Havendale Blvd
Suite, Apt. #, Etc.: 0
City: Winterhaven FL State: FL Zip Code: 33881

CR2E040 (E.W.)

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: Bhanji 12/19/00 Date: 10-21-00
REGISTERED AGENT MUST SIGN Bhanji

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: Garmestani 10-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #