

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 21 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000111351

1. Corporation Name

JOSEPH R. LOWE, D.M.D., P.A.

Principal Place of Business

Mailing Address

819 40TH ST. W  
BRADENTON FL 34205

819 40TH ST. W  
BRADENTON FL 34205

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2000

5. FEI Number

65-0971109

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
PVPS	LOWE, JOSEPH R	815 40TH ST. W	BRADENTON FL 34205
	815 40 <sup>th</sup> ST. W.	815 40 <sup>th</sup> ST. W.	

500023968155  
10/21/03--01052--024 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLALOCK LANDERS WALTERS AND VOGLER PA  
802-11TH STREET WEST  
BRADENTON FL 34205

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

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 #

5110

CR2E040 (7/03)

Phone: (941) 708-5110

**JOSEPH R. LOWE, D.M.D., P.A.**

Fax: (941) 708-5120

**EXCELLENCE IN DENTISTRY**

815 40th Street W.  
Bradenton, FL 34205

October 15, 2003

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

To Whom It May Concern:

Please find attached an application for reinstatement for Joseph R. Lowe, D.M.D., P.A. Also attached is a check in the amount of \$150.00 to serve as payment for the 2003 uniform business report's reinstatement fee.

Due to the fact that we never received the annual report, I respectfully request that the service wave any reinstatement penalties relating to this application. As you can note on our reinstatement application, the Department of State had an incorrect address for our principal place of business and mailing address. I corrected the error in boxes 2 and 3 on the application.

Should you have any questions or need further information, please contact me. Thank you for your attention to this matter.

Sincerely,



JOSEPH R. LOWE, D.M.D., P.A.  
Joseph R. Lowe, President

Attachment