

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 12 PM 1:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 509080

1. Corporation Name

John R. Lindeman DDS P.A.

2. Principal Office Address

329 Fourth Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Indianatic FL

City & State

Zip

32903

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/90

5. FEI Number

59-3033865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

SAME AS ABOVE

John R. Lindeman

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

SAME AS ABOVE

329 4th Ave

02/03/04--01050--023 **451.00

Suite, Apt. #, Etc.

City

Indianatic

State

FL

Zip Code

32903

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 X

REGISTERED AGENT MUST SIGN

Date 1-30-04

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
<u>D</u>	<u>John R. Lindeman, DDS, PA</u>	<u>329 Fourth Ave</u>	<u>Indianatic, FL 32903</u>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

Date

321-723-5242

Daytime Phone #

CR2E081 (10/02)