

**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

**DOCUMENT # S19138**

1. Entity Name  
**G.R. SHEUMAKER, JR., D.D.S., P.A.**



FILED

04 OCT 25 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

Principal Place of Business  
6731 HWY 98 W  
LAKELAND, FL 33809 US

Mailing Address  
6731 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  
**59-3047288** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHEUMAKER, G.R., JR  
6731 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

Name

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

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *G.R. Sheumaker Jr. D.D.S.*

*10/20/04*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SHEUMAKER, G.R., JR 1621 YOUTHSIKE TRAIL LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEUMAKER, G.R., JR 1621 YOUTHSIKE TRAIL LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100042166351</b> 10/25/04--01083--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DR/10/27</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G.R. Sheumaker Jr. D.D.S.* *10/20/04 (863)858-3043*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #