

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 890602

1. Corporation Name

SEMINOLE DENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

730 Orange Avenue
Suite 120
Altamonte Springs, FL
32714

730 Orange Avenue
Suite 120
Altamonte Springs, FL
32714

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

2. New Principal Office Address, If Applicable

333 N. Biscayne Avenue
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/91

5. FE Number

59-3089864

Applied For
Not Applicable

City & State

Orlando, Florida 32803

City & State

Orlando, Florida 32803

Zip

County

Zip

County

6. CERTIFICATE OF STATUS OBTAINED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	NOVOTNY, MILO R.	879 E. SEMORAN BLVD.	CASSELBERRY, FL 32707
D	WITCHER, MICHAEL D.	210 SMOKERISE BLVD.	LONGWOOD, FL 32779
D / P/S/T	GARCIA, C.M.	879 E. SEMORAN BLVD.	CASSELBERRY, FL 32707

REINSTATEMENT

cc

11-6-96

8. Name and Address of Current Registered Agent

Michael D. Witcher
210 Smokerise Blvd.
Suite 135
Longwood, FL 32779

9. Name and Address of New Registered Agent

Name

Same

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

121 Variety Tree Circle

Suite, Apt. #, etc.

City

Altamonte Springs

State

FL

Zip Code

32714

10. I, the undersigned, being a resident of the State of Florida, do hereby certify that I am a resident of the State of Florida and accept the obligations of Section 607.0505, F.S.

Signature of

[Signature]

Date

11/5/96

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See circle 10 for information on intangible tax)

I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(1)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and that the information supplied is correct and true to the best of my knowledge and belief. I am not aware of any information that would cause me to believe that the information supplied is incorrect or incomplete. I am not aware of any information that would cause me to believe that the information supplied is incorrect or incomplete. I am not aware of any information that would cause me to believe that the information supplied is incorrect or incomplete.

SIGNATURE

Michael Witcher,

Director

Prepared by: Mark T. Tava, Esq.
P.O. Box 1436
Tampa, FL 33601
(813) 281-7411

FL Bar #: 38320

Re-Audit No.: H96000015619

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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
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FAX #:

FROM: FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BA
075410001562

ACCT#:

CONTACT: DEBBIE LAMB
PHONE: (813)228-7411

FAX #:

(813)228-9401

NAME: SEMINOLE DENTAL SERVICES, INC.

AUDIT NUMBER.....H96000015619

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS...1

PAGES..... 1

CERT. COPIES.....0

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