

Document Number Only

F95000005163

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

100001628691  
-10/30/95--01066--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

10/30

Zaba Dental (Florida), Inc.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Zahn Dental (Florida), Inc.  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. January 8, 1992  
(Date of Incorporation)
4. Perpetual  
(Duration)
5. 11-3089701  
(Federal Employer Identification number, if applicable)
6. June, 1995  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 111 Bryan Road, Suite 2F, Dania, FL 33004  
(Current mailing address)
8. Distribution of supplies and services to health care professionals  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: Stanley M. Bergman

Address: 135 Duryea Road  
Melville, NY 11747

Director  
Vice-Chairman: Norman P. Weinstock

Address: 135 Duryea Road  
Melville, NY 11747

Director: James P. Breslawski

Address: 135 Duryea Road  
Melville, NY 11747

Director: Steven Paladino

Address: 135 Duryea Road  
Melville, NY 11747

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President: Norman P. Weinstock  
Address: 135 Duryea Road  
Melville, NY 11747

Vice President: James P. Breslawski  
Address: 135 Duryea Road  
Melville, NY 11747

Secretary: Mark E. Mlotek  
Address: 135 Duryea Road  
Melville, NY 11747

Treasurer: Steven Palladino  
Address: 135 Duryea Road  
Melville, NY 11747

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T CORPORATION SYSTEM  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: Connie Brya  
JUNNIE BRYA (Officer)  
SPECIAL ASSISTANT SECRETARY  
(Type Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Norman P. Weinstock  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Norman P. Weinstock, President  
(Name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZAHN DENTAL (FLORIDA), INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 30 PM 3:48



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7686901  
DATE: 10-25-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 30 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F95000005163**

1. Corporation Name

**ZAHN DENTAL (FLORIDA), INC.**

Principal Place of Business

Mailing Address

111 BRYAN ROAD, SUITE 2F  
DANA FL 33004

111 BRYAN ROAD, SUITE 2F  
DANA FL 33004

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

2. New Principal Office Address, if Applicable

Zahn Dental (Florida), Inc.

3. New Mailing Office Address, if Applicable

Zahn Dental (Florida), Inc.

Suite, Apt. #, etc.  
1951 NW 89th Place

Suite, Apt. #, etc.  
1951 NW 89th Place

City & State  
Miami, Florida

City & State  
Miami, FL

Zip  
33172

Country  
Dade

Zip  
33172

Country  
Dade

REINSTATEMENT 9600



4. Date Incorporated or Qualified To Do Business in Florida **10/30/1995**

5. FEI Number **11-3080701** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
C	BERGMAN, STANLEY M	135 DURYEA ROAD	MELVILLE NY 11747
DP	WEINSTOCK, NORMAN P	135 DURYEA ROAD	MELVILLE NY 11747
DV	BRESLAWSKI, JAMES P	135 DURYEA ROAD	MELVILLE NY 11747
DT	PALADINO, STEVEN PALADINO	135 DURYEA ROAD	MELVILLE NY 11747
S	MLOTEK, MARK E	135 DURYEA ROAD	MELVILLE NY 11747

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-01/03/97-01179-014  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *[Signature]* Date **12/27/96**  
REGISTERED AGENT MUST SIGN

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

12. 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]* Date **12/23/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)