

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

1998 FEB 13 PM 3:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K16440

1. Corporation Name
LUIS M. LLAMAS, D.D.S., P.A.

Principal Place of Business Mailing Address

5965 Ponce De Leon Blvd. 5965 Ponce DE Leon Blvd.
Coral Gables, Fl. 33146 Coral Gables, Fl. 33146

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		4. Date Incorporated or Qualified To Do Business in Florida 02/02/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0047506	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
President	Luis M. LLamas, DDS	5965 Ponce DE Leon Blvd.	Coral Gables, Fl. 33146

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REINSTATEMENT 07-98
 1023AB
 2/10/98

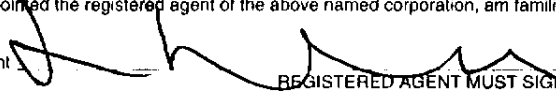
8. Name and Address of Current Registered Agent

Luis Llamas, D.D.S.
5965 Ponce DE Leon Blvd.
Coral Gables, Fl. 33146

9. Name and Address of New Registered Agent


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.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **2/10/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

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:  2/10/98 Date 305-662-7702 Daytime Phone #

Luis M. LLamas, DDS

CR2E040 (1/98)