

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-300-19

1. Corporation Name
West DADE Dental Society, Inc.
c/o Carlos B. PARGAS, CPA

300003171779--7
-03/16/00--01003--002
****358.75 ****358.75

W-4743

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 12/30/88

5. FEI Number

65-0100640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gilbert Toledo DMD

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

7765 S.W. 87 Avc.

Suite, Apt. #, Etc.

Suite 109

City

MIAMI

State

FL

Zip Code

33173

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

[Signature] DMD PA

Date

2/14/00

REGISTERED AGENT MUST SIGN

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
Pres.	Gilbert Toledo D	7765 S.W. 87 Avc Suite 109	Miami, FL 33173
Pres. elect	Me-ta Guinza D	10141 S.W. 40 St.	Miami, FL 33165
Treasury	Joaquin A. Novoa D	5730 S.W. 74 Terr.	Miami, FL 33143
Sec.	Angel Diaz-Norman D	9100 Cord Way Suite 2	Miami, FL 3316
			KE

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:

[Signature] DMD PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 270-3222

Daytime Phone #

CR2E081 (9/99)