## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000085491 **DOCUMENT #** 

1. Corporation Name

DENTAL PARTNERS OF WESTON, INC.

Principal Place of Business 2721

2701 EXECUTIVE PARK DR., Suite # 1 WESTON FL 33331

-278+ EXECUTIVE PARK DR., Suite # 1 WESTON FL 33331

FILED

02 DEC -4 AH 8:30

SECRETARY OF STATE TALLAHASKEE FLORIDA



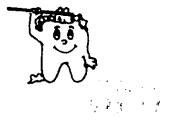
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							12/04/0201029013 **150.00			
		Address, If Applicable			ddress, If Applicable	4. Date Incor To Do Bus	rporated or Qualified siness in Florida	08/29/	2001	
Suite, Apt. #, etc.  City & State  Zip Country			Suite, Apt. #	, etc.		5. FEI Numb	er Applied		Applied For	
			City & State			6		Not Applicable		
			Zip		Country CERTI		SIFICATE OF STATUS DESIRED   S8.75 Additional Fee requir for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list at le	east 3 directors)				
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PTD	COLLAZO	COLLAZO, RALPH C -2781 EXECU スフス/			ECUTIVE PARK DR., Su	Suite # Z WESTON FL 33331				
SVD	BRETOS, ALEXANDER L			2721 EXECUTIVE PARK DR., Suite # 2		WESTON FL 3333	1			
			<del>.</del>		<del> </del>					
			·							
		·						<del></del>		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
			-		Name					
	AZO, RALPH				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
801 WEST 49TH STREET #224					Cuito Ant # Et	Suite, Apt. #, Etc.				
#224 HIALEAH FL 33012					Suite, Apt. #, Et	C.				
					City	City			Code	
10. I, being	appointed the	e registered agent of the al	bove named corp	oration, am f	amiliar with and accept the	obligations of Sec	ction 607.0505, F.S. or 6	17.0505, F.S.		
Signature of Registered Agent SIGNATURE R							Date			
	<del> </del>	· · · · · · · · · · · · · · · · · · ·	REGISTERED AC	GENT MUST	SIGN			···		
					execute this application as					

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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

MECO Collazo X11/26/02.



Dental Partners of Weston Ralph C. Collazo, D.D.S., F.A.G.P., P.A. Alexander L. Bretos, D.M.D., F.A.G.D., P.A.

Family & Cosmetic Dentistry
2721 Executive Park Drive
Suite 1
Weston, FL 33331
(954) 385-5855 • Fax (954) 385-5258

NOV.26/2002.

ATT: Reinstatement section,

We just received the form ,as it shows on the address was not correct.

As prior conversation with Aaron ,a customer service representative , he said to just send \$150:00.

Any questions you can call at (954)385-5855.

Sincerely,

MARY SALVADOR; office manager.