

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000085491

1. Corporation Name

DENTAL PARTNERS OF WESTON, INC.

Principal Place of Business

2721
~~2701~~ EXECUTIVE PARK DR., Suite # 1
WESTON FL 33331

Mailing Address

2721
~~2701~~ EXECUTIVE PARK DR., Suite # 1
WESTON FL 33331



000009345470
12/04/02--01029--013 **150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/29/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1146452	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
PTD	COLLAZO, RALPH C	2701 EXECUTIVE PARK DR., Suite # 1 2721	WESTON FL 33331
SVD	BRETOS, ALEXANDER L	2701 EXECUTIVE PARK DR., Suite # 1 2721	WESTON FL 33331

8. Name and Address of Current Registered Agent

COLLAZO, RALPH C
801 WEST 49TH STREET
#224
HIALEAH FL 33012

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Collazo x 11/26/02. (954) 385-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)



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,

A handwritten signature in cursive script, appearing to read 'Mary Salvador', written over a horizontal dashed line.

MARY SALVADOR; office manager.