


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 8:58

REINSTATEMENT 04-05



DOCUMENT # P02000026057 1. Entity Name MEDICAL & DENTAL SERVICES MANAGEMENT, INC.					
Principal Place of Business 17519 SW 115 AVE MIAMI, FL 33157		Mailing Address 17519 SW 115 AVE MIAMI, FL 33157			
2. Principal Place of Business		3. Mailing Address		02132005 REIN-P CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 01-0624202	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROA, MARTHA 17519 SW 115 AVE MIAMI, FL 33157			Name MARTHA ROA		
			Street Address (P.O. Box Number is Not Acceptable) 17519 SW 115 AVE		
			City MIAMI FL Zip Code 33157		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Horacio</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/13/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROA, MARTHA 17519 SW 115 AVE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100047505421 03/01/05--01050--001 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CINTHIA N. MIRANDA 17519 SW 115 AVE MIAMI FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Horacio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/13/2005</u> Daytime Phone # <u>786-399-6078</u>	

February 14, 2005

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: MEDICAL & DENTAL
SERVICES MANAGEMENT, INC.
FEIN 01-0624202**

Dear sirs:


We are sending again the Annual Uniform Business Report for **MEDICAL & DENTAL SERVICES MANAGEMENT, INC.** which has already sent you its Annual Report on March 13th, 2004 along with a check payable for \$ 150.00 that was never cashed. We realize that the check was not cashed on our accounting bank reconciliation finding out that the corporation is currently inactive.

We did not receive any letter or writing notice about the corporation dissolution otherwise we would resend you Annual Report before.

Please I am requesting to waive the penalties and reinstate My Corporation.

Thank you very much for your attention to this matter.

Sincerely,



Martha Roa
MEDICAL & DENTAL SERVICES MANAGEMENT, INC.