PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 13 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096396

1. Corporation Name
WILFREDO RODRIGUEZ DMD PA

800026889868
01/13/04--01095--009 **300.00
REINSTATEMENT 03-04 WOP

2. Principal Office Address	3. Mailing Office Address
8351 S. John Young Pkwy	"same"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip: 32819 Country: ORANGE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/06/2002

5. FEI Number: 01-0743303 ☐ 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: WILFREDO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable): 8351 S. John Young Pkwy

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32819

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: _____ Date: 6 JAN 04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	WILFREDO RODRIGUEZ	8351 S. John Young Pkwy	Orlando FL 32819
VP	MILAGRIA ALAMEDA	8351 S. John Young Pkwy	Orlando FL 32819

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: _____ (WILFREDO RODRIGUEZ President) 6 JAN 03 407-370-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6 January 2004

To Whom It May Concern:

Serve this letter as a request to reinstate my corporation. The first week of October 2003 I sent a request to your office but your office has no record of it. The reason my corporation was resolved is because I never received the 2003 annual report/uniform business report. As a new corporation, I was not aware that such report was necessary to keep the "active" status of my corporation.

If you have any questions please do not hesitate to call me at 407-370-4600.

ENCLOSE IS A CHECK FOR $300.00. THANKS..

DOCUMENT NUMBER P02000096396

WILFREDO RODRIGUEZ
WILFREDO RODRIGUEZ DMD PA.
8351 SOUTH JOHN YOUNG PARKWAY
ORLANDO, FL 32819