

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 OCT -8 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600136743656
10/08/08--01026--006 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000000636

1. Corporation Name
KARENT SIERRA, DDS, PA

2. Principal Office Address - No P.O. Box # 4651 PONCE DE LEON BLVD		3. Mailing Office Address 4651 PONCE DE LEON BLVD	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146	Country USA	Zip 33146	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **01/01/2005**

5. FEI Number **86-1125563** 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
KARENT SIERRA, DDS

Street Address (P.O. Box Number is Not Acceptable)
4651 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
100

City
CORAL GABLES

State
FL

Zip Code
33146

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **10/06/08**

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
P	KARENT SIERRA	4651 PONCE DE LEON BLVD # <i>Suite 100</i>	CORAL GABLES, FL 33146

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 contained in Chapter 119, 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: *Karent Sierra* **KARENT SIERRA** Date **10/06/08** Daytime Phone # **305-665-2033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8aw