

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000051395

1. Corporation Name

Broward Mall Dental, P.A.

2. Principal Office Address - No P.O. Box #

8000 West Broward Blvd.

3. Mailing Office Address

c/o Rostislav Krasnov, DDS

Suite, Apt. #, etc.

Suite 834

Suite, Apt. #, etc.

230 W. 56th Street, Apt 52F

City & State

Plantation, FL

City & State

New York, NY

Zip

33388

Country

U.S.

Zip

10019

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/05

5. FEI Number

20-2915960

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
UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1574 Village Square Blvd

Suite, Apt. #, Etc.

Suite 100

City

Tallahassee

State

FL

Zip Code

32309

☒ 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

Alison Hand
COL 220

REGISTERED AGENT MUST SIGN

Date

10/5/07

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
D, P	Rostislav Krasnov, DDS	230 W. 56th Street, Apt. 52F	New York, NY 10019
D, V, S, T	Vadim Valdman, DDS	1830 South Ocean Drive APT 2411	Hallandale, FL 33009

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rostislav Krasnov, DDS, President

Date

917-902-9515

Daytime Phone #

FILED

07 OCT -5 AM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/19/07--01007--012 **300.00

REINSTATEMENT