PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 98 AR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 DEC 17 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013117

1. Corporation Name

GABLES DENTAL CLINIC G.C., INC.

Principal Place of Business	Mailing Address
5450 SW 8TH STREET SUITE 201 CORAL GABLES FL 33134	5450 SW 8TH STREET SUITE 201 CORAL GABLES FL 33134

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/1992

5. FEI Number: 58-2030039 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NOY, ISABEL C	5450 SW 8TH STREET SUITE 201	CORAL GABLES FL 33134

300002720803--9
-12/23/98--01049--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

NOY, ISABEL C
5450 SW 8TH STREET
SUITE 201
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (9/98)

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.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 12/3/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐

(See other side for information on intangible tax.)

12. 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 Isabel C. Noy 12/3/98 (305) 444-9951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gables Dental Clinic
5450 S.W. 8th Street, Suite 201 Coral Gables, Florida 33134 • (305) 444-9951

Fla. Dept of State:

This letter is to informed you that Gables Dental Clinic never received the Corp. application that was due in May and no second notice therefore it was overlooked.

Enclosed please find check # 4940 for the amount of $150.00 and corp. application to keep our corporation active. As you can see this has never happened before since our corporation was opened in 1992.

We hope you understand Please accept our apologies.

Sincerely

Ishai C Vay D.D.S.
(President)