PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

96-98 ALL

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

APPROVED AND FILED

98 MAR 11 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # P95000019093

~~1998 MAR 16~~

1. Corporation Name

Aesthetic & Family Dental care inc.

Principal Place of Business

9884 Southern Blvd
West Palm Beach, FL. 33411

Mailing Address

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 6/1/95

5. FEI Number 650571265 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Owner/President	Aboulghasem (sam) sadati	20145 South Key Dr.	Boca Raton, FL. 33411

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-03/12/98--01106--002
****515.00 ****515.00

R. alaei 3/11/98

8. Name and Address of Current Registered Agent

20145 S. Key Dr.
Boca Raton FL. 33498

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 (1/98)

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 A. Sadati Date

REGISTERED AGENT MUST SIGN

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.)

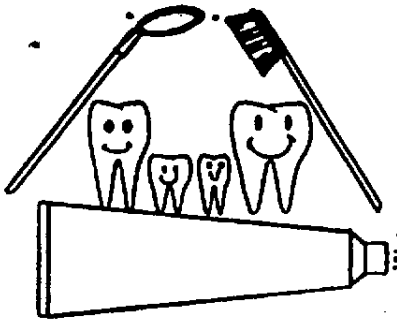
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: A. Sadati 2/10/98 (561) 753-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ABOULGHASEM SADATI

(2)



AESTHETICS & FAMILY DENTAL CARE, INC.

Sam S. Sadati, D.D.S., P.A.

9884 Southern Blvd.
West Palm Beach, Florida 33414
Telephone (407) 753-8484/8585

2/10/98

To whom it may consern;
I, Aboulghasem (sam) sadati, president/owner of "Aesthetic & Family Dental care Inc." have not recieved any of last years renewal notices/letters. Please find a check for $515.00 for past years. Thank you

Sincerely

A. Sadati D.O.S.

Aboulghasem S Sadati