

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 22 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036772**

1. Corporation Name
Family and Cosmetic Dentistry, Inc.

REINSTATEMENT 08-05

2. Principal Office Address
19916 NW 2nd Ave

3. Mailing Office Address
19916 NW 2nd Ave

400058878524
08/23/05--01011--004 **1800.00

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

4. Date Incorporated or Qualified
To Do Business in Florida

City & State
Miami Gardens, FL

City & State
Miami Gardens, FL

5. FEI Number
65 0685012

Applied For
Not Applied

Zip Country
33169 USA

Zip Country
33169 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee req. for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daniel L. Bailey, DDS

Street Address (P.O. Box Number is Not Acceptable)
19916 NW 2nd Avenue

Suite, Apt. #, Etc.
N/A

City
Miami Gardens

State Zip Code
FL 33169

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  REGISTERED AGENT MUST SIGN

Date **8/19/2005**

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	Daniel L. Bailey	12051 NW 18th St.	Plantation, FL 33323

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)(f), 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: 

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City & State
Miami Gardens, FL

Zip
33169

Country
USA

Zip
33169

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
650685012

Applied For
Not Applied

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee req. for a Certificate of Sta

7. Name and Address of Current Registered Agent

Name
Daniel L. Bailey, DDS

Street Address (P.O. Box Number is Not Acceptable)
19916 NW 2nd Avenue

Suite, Apt. #, Etc.
N/A

City
Miami Gardens

State
FL

Zip Code
33169

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Signature of Registered Agent
[Signature]

REGISTERED AGENT MUST SIGN

Date
8/19/2005

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
Dr	Daniel L. Bailey	12051 NW 18th St.	Plantation, FL 33306

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)(b), 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]*