

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **P9700051540**

1. Corporation Name

**The Center of Cosmetic Dentistry, Inc.**

Principal Place of Business

Mailing Address

**2000 PGA Boulevard  
Suite #3120  
Palm Beach Gardens, FL 33408**

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	<b>Leconte, Patrick</b>	<b>2912 Poinsettia Avenue</b>	<b>Riviera Beach, FL 33407</b>
S, T	<b>Leconte, Thierry</b>	<b>6660 Sommerset Drive Suite #206</b>	<b>Boca Raton, FL 33434</b>

B. Name and Address of Current Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
State, Apt. #, Etc.: \_\_\_\_\_  
City: \_\_\_\_\_

9. Name and Address of New Registered Agent

Name: **Thierry Leconte**  
Street Address (P.O. Box Number is Not Acceptable): **6660 Sommerset Drive**  
State, Apt. #, Etc.: **Suite #206**  
City: **Boca Raton** State: **FL** Zip Code: **33434**

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: *Thierry Leconte*  
REGISTERED AGENT MUST SIGN

Date: **03/04/99**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [  ]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Thierry Leconte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thierry Leconte, Secretary**  
**3/4/99 (561) 691-9498**  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number: **65-0764547**  
6. CERTIFICATE OF STATUS DESIRED [ ]  
Applied For: [ ]  
Not Applicable: [ ]  
\$8.75 Additional Fee required for a Certificate of Status

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\*\*\*\*900.00 \*\*\*\*900.00

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