

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

REINSTATEMENT



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

FILED

98 DEC -7 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000083523
1. Corporation Name
& D DENTAL, INC.

Principal Place of Business Mailing Address
8353 S.W. 124TH ST. SUITE 202 MIAMI FL 33186
8353 S.W. 124TH ST. SUITE 202 MIAMI FL 33186

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 09/26/1997
5. FEI Number 65-0805930 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| D | VELEZ-DEON, WALESKA I DMD | 8353 S.W. 124TH ST. #202 | MIAMI FL 33186 |
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8. Name and Address of Current Registered Agent
VELEZ-LEON, WALESKA I DMD
8353 S.W. 124TH ST.
SUITE 202
MIAMI FL 33186

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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] REGISTERED AGENT MUST SIGN
Date: 11-12-98

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/12/98 Daytime Phone #: (305) 253-7274

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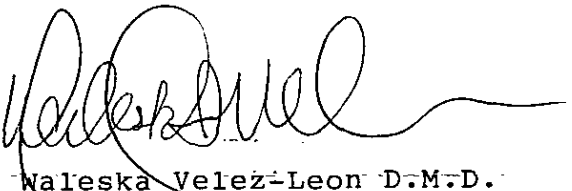
Nov. 13, 1998

TO: Florida Department of State
FROM: Dr. Waleska Velez-Leon
RE: REINSTATEMENT /DOCUMENT #P97000083523

TO WHOM IT MAY CONCERN:

I have not received any corporation documents prior to this one revoking our license. I called and spoke with Mr. Tyrone, and he advised me to send a letter along with my check of \$150.00.
If you have any questions, please call me at (305) 253-7227.
Thank you for help concerning this matter.

Sincerely,



Waleska Velez-Leon D.M.D.