PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P97000093645 **DOCUMENT #**

1. Corporation Name

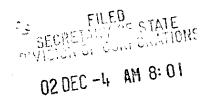
DEAN, ISRAEL & ASSOCIATES; D.D.S., P.A.

Principal Place of Business

Mailing Address

9670 GRIFFIN RD.

9670 GRIFFIN RD.



COOPER CITY FL 39924 33328			COOPER CITY FL-99924- 333328			() INDEX COLD () (A COLD () INDEX			
			rough incorrect in	nformation a	and enter correction below	FINST	ATEMENT	Vd	
				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/31/1997			
Suite, Apt. #, etc. Suite,				uite, Apt. #, etc.			5. FEI Number Applied For		
City & Stat	e		City & State					Not Applicable	
Zip Country		Zip		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ac	Idresses of Each Officer and	d/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	DEAN, CRAIG J			9670 GRIFFIN RD.			COOPER CITY FL 33324		
D	ISRAEL, ELIAHU			9670 GRIFFIN RD.			COOPER CITY FL 33324		
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				12/		00 	20009345960 ′04/02-01034-003 ** 750.00		
								44 · =	
8. Name and Address of Current Registered Age					ent 9. Name		nd Address of New Registered Agent		
DEAN, CRAIG J					Name Street Address (P.O. Box Number is Not Acceptable)				
9670 GRIFFIN RD. COOPER CITY FL 33324				Suite, Apt. #, Etc.					
					City	•••	State FL	Zip Code	
10. I, bein	g appointed th	ne registered agent of the al	pove named corp	oration, am	familiar with and accept the o	obligations of Sec	tion 607.0505, F.S. or 617.0505	i, F.S.	
Signature	of d Agent		FURE	RE	QUIRED		Date 10/22/68		

11. 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 filling 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN