

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 12 PM 1:18

DOCUMENT # F34215

1. Corporation Name
CENTURY DENTAL LAB., INC.

300077663373
07/18/06--01032--020 **1800.00

REINSTATEMENT 99-06

CR2E081 (12/05)

2. Principal Office Address
3911 West Waters Ave.

3. Mailing Office Address
3911 West Waters Avenue

Suite, Apt. #, etc.
13

Suite, Apt. #, etc.
13

4. Date Incorporated or Qualified
To Do Business in Florida 5/08/1981

City & State
TAMPA FL

City & State
TAMPA FL

5. FEI Number
59-2095078

Applied For
Not Applicable

Zip
33614

Country
USA

Zip
33614

Country
USA

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

7. Name and Address of Current Registered Agent

Name
JERRY RO

Street Address (P.O. Box Number is Not Acceptable)
3911 West Waters Avenue

Suite, Apt. #, Etc.
13

City
TAMPA

State
FL

Zip Code
33614

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/11/06

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
President	JERRY RO	3911 West Waters Avenue # 13	TAMPA FL 33614

300077663373
07/18/06--01032--021 **8.75

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 contained in Chapter 119, 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

7/11/06
Date

Daytime Phone #