CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 19 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F47922

1. Corporation Name

Steven N. Green, D.D.S., P.A.

600157556006
06/22/09--01055--014 **900.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box # 10261 SW 72 Street	**3.** Mailing Office Address Same
Suite, Apt. #, etc. # 106	Suite, Apt. #, etc.
City & State Miami, Fl	City & State

Zip 33173	Country USA	Zip	Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/8/1981

5. FEI Number 59-2134693   ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Elliott Noel Zack

Street Address (P.O. Box Number is Not Acceptable) 1031 N. Miami Beach Blvd

Suite, Apt. #, Etc.

City North Miami Beach   State FL   Zip Code 33162

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____   Date 6-16-09
REGISTERED AGENT MUST SIGN

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
P.D.	Steven N. Green	10261 SW 72 St #106	Miami, Fl 33173

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: _____   6/16/09   305-273-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #