

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008783408
11/04/02--01063--028 **750.00



REINSTATEMENT 02

DOCUMENT # F95000005126

1. Corporation Name

BECKER-PARKIN DENTAL SUPPLY CO. INC.

Principal Place of Business

450 W 33RD ST
NEW YORK NY 10001
US

Mailing Address

450 W 33RD ST
NEW YORK NY 10001
US

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

10/20/1995

5. FEI Number

13-2751374

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

City / State / Zip

VP

SALZMAN, BARRY

115 CENTRAL PARK WEST

NEW YORK CITY NY 10023

P

SALZMAN, FRED

3200 NORTH OCEAN BLVD

FT. LAUDERDALE FL 33308

CFO

GREESBERG, CRAIG

134 KIRSLIN AVE

NEW YORK NY 10374

8. Name and Address of Current Registered Agent

MORELY, LISA
C/O BECKER-PARKIN DENTAL
1700 NW 65TH AVE
PLANTATION FL 33313

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

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 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 REQUIRED
CRAIG GREESBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/02

Daytime Phone #

\$750
OK TO
PAY
CA

CR2E040 (8/02)