

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 30 AM 8:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000005163

1 Corporation Name

ZAHN DENTAL (FLORIDA), INC.

Principal Place of Business

111 BRYAN ROAD, SUITE 2F
DANIA FL 33004

Mailing Address

111 BRYAN ROAD, SUITE 2F
DANIA FL 33004



REINSTATEMENT 9600

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Zahn Dental (Florida), Inc.

Suite, Apt. #, etc.

1951 NW 89th Place

City & State

Miam. Florida

Zip

33172

Country

Dade

3. New Mailing Office Address, If Applicable

Zahn Dental (Florida), Inc.

Suite, Apt. #, etc.

1951 NW 89th Place

City & State

Miam. FL

Zip

33172

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1995

5. FEI Number

11-3089701

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

58-75 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
C	BERGMAN, STANLEY M	135 DURYEA ROAD	MELVILLE NY 11747
DP	WEINSTOCK, NORMAN P	135 DURYEA ROAD	MELVILLE NY 11747
DV	BRESLAWSKI, JAMES P	135 DURYEA ROAD	MELVILLE NY 11747
DT	PALADINO, STEVEN PALADINO	135 DURYEA ROAD	MELVILLE NY 11747
S	MLOTEK, MARK E	135 DURYEA ROAD	MELVILLE NY 11747

500002046005-6
-01/03/97-01179-014
***375.00 ***375.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200-SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Signature of
Registered Agent

Jonathan R. Goudreau

Jonathan R. Goudreau
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 12/27/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Norman P. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/96

Daytime Phone #