

Document Number Only
F95000005163

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

100001628691
-10/30/95--01066--006
*****70.00 *****70.00

10/30

Zaba Dental (Florida), Inc.

☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign

☐ Amendment
☐ Merger
☐ Mark

☐ Dissolution/Withdrawal

☐ Limited Partnership
☐ Reinstatement
☐ Annual Report
☐ Reservation
☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS/ G/S

☐ Certified Copy
☐ Photo Copies

☐ Call When Ready
☒ Walk In
☐ Mail Out

☐ Call If Problem
☐ Will Wait
☐ After 4:30
☒ Pick Up

Name Availability

Document Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

10/30/95
3 00

PLEASE RETURN EXTRA COPY(S)
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APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Zahn Dental (Florida), Inc.
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. January 8, 1992
(Date of Incorporation)
4. Perpetual
(Duration)
5. 11-3089701
(Federal Employer Identification number, if applicable)
6. June, 1995
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 111 Bryan Road, Suite 2F, Dania, FL 33004
(Current mailing address)
8. Distribution of supplies and services to health care professionals
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: Stanley M. Bergman

Address: 135 Duryea Road
Melville, NY 11747

Director Norman P. Weinstock

Vice-Chairman: 135 Duryea Road
Melville, NY 11747

Director: James P. Breslawski

Address: 135 Duryea Road
Melville, NY 11747

Director: Steven Paladino

Address: 135 Duryea Road
Melville, NY 11747

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 30 PM 3:48

President: Norman P. Weinstock

Address: 135 Duryea Road
Melville, NY 11747

Vice President: James P. Breslawski

Address: 135 Duryea Road
Melville, NY 11747

Secretary: Mark E. Mlotek

Address: 135 Duryea Road
Melville, NY 11747

Treasurer: Steven Palladino

Address: 135 Duryea Road
Melville, NY 11747

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 30 PM 3:48

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T CORPORATION SYSTEM
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

Registered agent's signature:

Connie Brya
CONNIE BRYA (Officer)
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Norman P. Weinstock
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Norman P. Weinstock, President
(Name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZAHN DENTAL (FLORIDA), INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 30 PM 3:48




Edward J. Freel, Secretary of State

2284506 8300

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AUTHENTICATION:

7686901

DATE:

10-25-95

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

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
Miami, Florida

Zip Country
33172 Dade

3. New Mailing Office Address, if Applicable

Zahn Dental (Florida), Inc.
Suite, Apt. #, etc.
1951 NW 89th Place

City & State
Miami, FL

Zip Country
33172 Dade

REINSTATEMENT *9600*

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1985

5. FEI Number

11-3088701

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 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

Zip Code

FL

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

[Signature]
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/96
Date

Daytime Phone #