PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 3: 19

DOCUMENT # **K25325**

1. Corporation Name

GERMAN L. MURIAS, D.D.S., P.A.

Principal Place of Business	Mailing Address
7000 W. 12 AVE., STE. 7 HIALEAH FL 33014	7000 W. 12 AVE., STE. 7 HIALEAH FL 33014

REINSTATEMENT 01

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	4. Date Incorporated or Qualified To Do Business in Florida 06/03/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0052538 Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip / Country	Zip / Country	$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MURIAS, GERALD L	7000 W 12 AVE #7	HIALEAH FL
		500004679285--4 -11/14/01--01085--018 ****750.00 -****750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MURIAS, CARI L 8550 NW 164TH ST. MIAMI LAKES FL 33016	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 _____
REGISTERED AGENT MUST SIGN

Date **10-25-01**

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: _____ **10-25-01**   **305-821-0231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/01)