

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **131835**

1. Corporation Name
Country Club Dental Office Inc.

FILED

99 NOV 10 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**18652 NW 67 Ave.
Miami FL 33015**

REINSTATEMENT 95-99

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

11/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0068184

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Sonia Olivares	8201 NW 165 TR. Miami FL 33016	Miami FL 33016

**800003053038--2
-11/23/99-01047--036
***1350.00 ***1350.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LS

**Sonia Olivares
8201 NW 165 TR.
Miami FL 33016**

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

Sonia Olivares

Date

11/2/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

Sonia Olivares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/2/99 (305)
620-8303**

CR2501 (12-98)