

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 18 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000093560

1. Limited Liability Company's Name

MBC Dental Laboratory LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

20511 NW 7th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

20511 NW 7th Ct.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip

33169

Country

City & State

Miami Gardens, FL

Zip

33169

Country

4. State/Country of Formation

FL / United States

5. Date Organized or Qualified
To Do Business in Florida

12/27/2004

6. FRI Number

20-2962170

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Maria Ozuna

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

20511 NW 7th Ct.

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33169

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/17/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Maria Ozuna	20511 NW 7th Ct.	Miami Gardens, FL 33169
MGR	Polanco Candido	20511 NW 7th Ct.	Miami Gardens, FL 33169
	L. SELLERS		
	MAY 21 2010		
	EXAMINER	REINSTATEMENT	08-2010

11. E-mail Address: MCCeramic@aol.com / M02ina@dadeschools.net

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Signature]

Date 5/17/10

Daytime Phone

(305) 206-7597

Typed or printed name of signing Managing Member/Manager