

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 26 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L14608**

1. Corporation Name

**PRIME HEALTH DENTAL LABS, INC.**

Principal Place of Business

4324 FOREST HILL BLVD  
WEST PALM BEACH FL 33406

Mailing Address

4324 FOREST HILL BLVD  
WEST PALM BEACH FL 33406



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

09/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0143817

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COHEN, JEFFREY M.	17248 NORTHWAY CIRCLE	BOCA RATON FL
			700003465377--7 -11/15/00--01129--012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

COHEN, JEFF  
4324 FOREST HILL BLVD.  
WEST PALM BCH FL 33406

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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:

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

Date

Daytime Phone #

CR2E040 (8/00)