

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -9 PM 12:32

**DOCUMENT #** L 36884

1. Corporation Name

EMERGENCY DENTURE CENTER INC.

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

1905 HARRISON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1905 HARRISON ST.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

City & State

Hollywood, Florida

Zip

33020

Country

USA

900193764679

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CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1989

5. FEI Number

65-0162728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald L. Askowitz, DDS.

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

1905 HARRISON ST.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Ronald L. Askowitz

REGISTERED AGENT MUST SIGN

Date 2/02/2011

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Herman Castaneda	1905 HARRISON ST.	Hollywood, FL 33020
NSTD	Ruben Castaneda	1905 HARRISON ST.	Hollywood, FL 33020

REINSTATEMENT

09-11

B 2/10/11

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

\*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben D. Castaneda 2/2/2011 (954) 922-6722

Date

Daytime Phone #