

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

37 NOV 16 AM 11:06

DOCUMENT # **L71230**

1. Corporation Name

DORAL DENTAL, P.A.

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

10818 NW 58 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

USA

3. Mailing Office Address

10818 NW 58 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1990

5. FEI Number

650192751

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

Kerry D Smith

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

10818 NW 58 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

☒ The 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 reinstatement fee be waived.

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

[Signature]

Date **11-13-07**

REGISTERED AGENT MUST SIGN

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
Owner	Kerry Smith	15819 Sorawater Drive	Lithia / FL / 33547
		B 11/2/07	
		REINSTATEMENT 05-07	200112352472
		11/16/07 01005 022 **450.00	

10. 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 contained in Chapter 119, 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

11-13-07

Date

Daytime Phone #

305 915 2003