

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L78412

1. Corporation Name

PRECIOUS DENTAL DESIGNS, INC.

Principal Place of Business

Mailing Address

1315 ALTON ROAD
MIAMI BEACH FL 33139
US

1315 ALTON ROAD
MIAMI BEACH FL 33139
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1990

5. FEI Number

65-0198845

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
D	SIERRA, CARLOS L.	5303 SW 145TH AVE	MIAMI FL
D	SIERRA, LILIA I.	5303 SW 145TH AVE	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOREZ, VALENTINE
815 N.W. 57TH AVENUE
SUITE 304
MIAMI FL 33126

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

Valentine Lorez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10.29.99

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:

Valentine Lorez
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRG.

10-27-99
Date

305 532 9114
Daytime Phone #

FILED

99 DEC 27 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT