

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # L90506		FILED 02 APR 26 AM 9:53																									
1. Corporation Name <i>Alina Castellanos, D.D.S. P.A.</i>																											
2. Principal Office Address 4186 W. 12 AVE. Suite, Apt. #, etc.		3. Mailing Office Address 14837 BALGOWAN Rd. Suite, Apt. #, etc. # 204																									
City & State Hialeah, FL		City & State Miami, FL																									
Zip 33012	Country U.S.A.	Zip 33016	Country USA																								
4. Date Incorporated or Qualified To Do Business in Florida 7/30/1990																											
5. FEI Number 65-0208027 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Applied For</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Not Applicable</td> </tr> </table>				<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable																						
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<input type="checkbox"/> Not Applicable																											
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																											
7. Name and Address of Current Registered Agent Name Alina Castellanos Street Address (P.O. Box Number is Not Acceptable) 14837 BALGOWAN Rd Suite, Apt. #, Etc. #204 City Miami State FL Zip Code 33016																											
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  REGISTERED AGENT MUST SIGN Date 4/22/02																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 10%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Alina Castellanos</td> <td>14837 BALGOWAN Rd #204</td> <td>Miami, FL 33016</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Alina Castellanos	14837 BALGOWAN Rd #204	Miami, FL 33016																
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alina Castellanos 4/22/02 (305) 556-6291 Date 4/22/02 Daytime Phone # 513/12																									