

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 27 PM 4:07

DOCUMENT # M 06947

1. Corporation Name

BILLINGS DENTAL HEALTH
CENTER INC

2. Principal Office Address

3020 MARCOS DR

Suite, Apt. #, etc.

107

City & State

AVENTURA FL

Zip

33160-4557

Country

USA

3. Mailing Office Address

3020 MARCOS DR

Suite, Apt. #, etc.

107

City & State

AVENTURA FL

Zip

33160-4557

Country

USA

REINSTATEMENT 85-05

4. Date Incorporated or Qualified

DISCLOSED 11-1-85

5. FEI Number

19-

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

MILTON S SAMUEL

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

3020 MARCOS DR #107

Suite, Apt. #, Etc.

#107

City

AVENTURA

State

FL

Zip Code

33160-4557

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

Milton S Samuel

Date

9-15-05

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
D	MILTON S SAMUEL	3020 MARCOS DR #107	AVENTURA FL 33160-4557
P/S/B	BRENT R WILLIAMS	3020 MARCOS DR #107	AVENTURA FL 33160-4557

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:

Milton S Samuel
MILTON S SAMUEL DIRECTOR

Date

9-15-05

Daytime Phone #

305-933-3740

CR2E081 (01/05)