

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M32350

1. Corporation Name

TANDEM DENTAL LAB, INC.

Principal Place of Business

1160 SOUTHWEST 6 STREET  
MIAMI FL 33130  
US

Mailing Address

298 NORTHEAST 117 STREET  
NORTH MIAMI FL 33161  
US



REINSTATEMENT

03-04

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

05/20/1986

5. FEI Number

59-2679288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	UEDA, TORU	298 NORTHEAST 117 STREET	NORTH MIAMI FL
D	UEDA, BARBARA	298 NORTHEAST 117 STREET	NORTH MIAMI FL

800026346918  
01/07/04--01034--023 \*\*750.00  
800026346918  
04/14/04--01050--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UEDA, TORU  
6099 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33024

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Toru Ueda*

REGISTERED AGENT MUST SIGN

Date

1/20/04

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:

*Toru Ueda*

TORU UEDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8W.1 561-375-8973  
12/31/03 843-7549