

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1062

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 APR 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M60215**

1. Corporation Name

JOHNSON'S DENTAL LABORATORY, INC.

2. Principal Office Address

**TRAFALGAR SQUARE
1859 UNIVERSITY DR**

Suite, Apt. #, etc.

3. Mailing Office Address

TRAFALGAR SQUARE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

U.S.A.

Zip

33071

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0060260

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

BAILEY, ABE A. (P.A.)

10000545194

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

THE CHASYN BUILDING

Suite, Apt. #, Etc.

20401 NORTHWEST SECOND AVE., SUITE 206

City

MIAMI

State

FL

Zip Code

33169

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

02/15/2002

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
PRESIDENT	JOHNSON, KENNETH	5325 PINE CIRCLE	CORAL SPRINGS, FL 33067
SEC/TREAS	JOHNSON, KAREN	5325 PINE CIRCLE	CORAL SPRINGS, FL 33067

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)(f), 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

**KENNETH JOHNSON
PRESIDENT**

2/14/02

Date

Daytime Phone #

345-0847

CR2E081 (9/01)

202

Johnson's Dental Laboratory
Trafalgar Square
1859 University Dr.
Coral Springs, FL. 33071

February 11, 2002

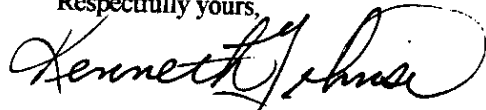
Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is the completed Corporation Reinstatement application. Unfortunately, I did not receive the uniform business report that was due last year. Consequently, Johnson's Dental Laboratory was deemed inactive. I trust that the reinstatement application and filing fee of \$150.00 enclosed herein will prove sufficient for processing the reinstatement of the corporation.

If you need any additional information, please call Kenneth Johnson at (954) 345-0847. I thank you in advance for your prompt attention to this matter.

Respectfully yours,



Kenneth Johnson
(President of Johnson's Dental Laboratory)