

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 NOV -3 PM 6:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02000004281**

1. Corporation Name

NORTH DADE DENTAL SOCIETY, INC.

Principal Place of Business

Mailing Address

420 SOUTH DIXIE HIGHWAY
 SUITE 2-E
 CORAL GABLES FL 33146

420 SOUTH DIXIE HIGHWAY
 SUITE 2-E
 CORAL GABLES FL 33146

Handwritten initials



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified To Do Business in Florida

06/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

591748914

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AMSELEM, SHALOM DR	2630 NE 203TH STREET	AVENTURA FL 33180
D	MANASSE, DORONE DR	1440 E HALLANDLE BCH BLVD.	HALLANDALE FL 33009
D	GENET, DAVID DR	19080 NE 29TH AVE BLVD.	AVENTURA FL 33180
D	BRODY, MICHAEL DR	20762 W DIXIE HWY BLVD.	AVENTURA FL 33180
D	MARCONI, FEDERICO DR	19018 29TH AVE.	AVENTURA FL 33180

600024381116
 11/03/03--01068--013 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMALL, ROSALIE A
 420 SOUTH DIXIE HIGHWAY
 SUITE 2-E
 CORAL GABLES FL 33146

Name

09/26/03 01079 006 \$61.25

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. or 617.0505, F.S.

Signature of Registered Agent

Rosalie A Small
 REGISTERED AGENT MUST SIGN

Date

10/29/03

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)(l), 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

DAVID GENET DMD

Date

10/29/03

Daytime Phone #

305-933-8700

CR2EM40 (7/03)