

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

0306LT 6 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001943

1. Corporation Name

MIAMI BEACH DENTAL SOCIETY INC.

2. Principal Office Address

DR. RICHARD MAUTNER

Suite, Apt. #, etc.

925 ARTHUR GODFREY RD #207

City & State

MIAMI BEACH FL.

Zip

33140

Country

USA

3. Mailing Office Address

420 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 2E

City & State

CORAL GABLES FL.

Zip

33146

Country

USA

REINSTATEMENT 01-03

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

APRIL 19, 1994

5. FEI Number

650599239

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

DR. RICHARD MAUTNER

000023689120

10/09/03--01065--007 ***183.75

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

925 ARTHUR GODFREY RD #207

Suite, Apt. #, Etc.

#207

City

MIAMI BEACH

State

FL

Zip Code

33140

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

9/15/03

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	JAY KOPF	400 ARTHUR GODFREY RD #404	MIAMI BEACH, FL. 33140
VICE PRESIDENT	ISIDOROS MEREDIS	135 ALTON RD	MIAMI BEACH FL. 33139
TREASURER	MICHAEL BRODY	925 ARTHUR GODFREY RD #207	MIAMI BEACH FL. 33140

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

Date

Daytime Phone #

PRESIDENT MBDS, JAY KOPF 9/15/03 305-535-1714

CR2E061 (10/02)

MIAMI BEACH DENTAL SOCIETY

2003-2004

President

Jay J. Kopf, DDS

400 Arthur Godfrey Road, Suite 404

Miami Beach, FL 33140

(305) 535-1714

9/15/2003

Dear Sean Toner,

Pursuant to your letter regarding our Miami Beach Dental Society, this letter is being written to you to inform you, in writing, that our society never received the notices for taxes due for 2001, or subsequent to 2001. Please find the enclosed check for the amount of 183.75. For further questions, feel free to reach myself or Norman Browner.

Jay J. Kopf

President, MBDS, 2003-2004