

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001915

1. Corporation Name

EXPRESS DENTAL, INC.

FILED

01 AUG 24 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9932 NW 167TH STREET
MIAMI FL 33056

3932 NW 167TH STREET
MIAMI FL 33056



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5753 NW 158th ST
Suite, Apt. #, etc.
Miami Lakes, FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip 33014

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1998

5. FEI Number

65-0825335

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KELLY, DANEIL DR.	12311 NW 10 DR.	CORAL SPRINGS FL 33071
D	LOPATA, STEVE	7570 NW 44 COURT	LAUDERHILL FL 33319
D	JOHNSON, RICKEY	8227 NW 201 ST.	MIAMI FL 33010
D	MCQUEEN, JAMES	9830 DAN HALL DRIVE	MIRAMAR FL 33025
			LS
			200004572942--1 -09/06/01--01089--001 ***306.25 ***306.25

8. Name and Address of Current Registered Agent

HARDEN, GABRIEL R
3932 NW 167TH STREET
MIAMI FL 33056

9. Name and Address of New Registered Agent

Name

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 5/23/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
Gabriel R Harden

Date 5/23/01

305-828-8001
Daytime Phone #