

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 PM 1:16

DOCUMENT # P0000067961

1. Corporation Name

Periodontics and Implantology of Pembroke Pines

2. Principal Office Address - No P.O. Box #

700 N. Hiatus Road

Suite, Apt. #, etc.

Suite 201

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

3. Mailing Office Address

2314 SW 135th Avenue

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

500128662865
05/06/08--01029--020 **1208.75
REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2000

5. FEI Number
651027688

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

Denise Young

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

2314 SW 135th Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 May 5th, 2008

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
P	Denise Young	2314 SW 135th Ave Miramar FL 33027	Miramar FL 33027

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 contained in Chapter 119, 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:

DENISE A YOUNG DDS

05/05/2008

(954) 517-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/08