

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV -4 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072116

1. Corporation Name

DENTAPRESS CORP.

Principal Place of Business

2390 SW 16TH TERRACE
MIAMI FL 33145

Mailing Address

2390 SW 16TH TERRACE
MIAMI FL 33145

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/2000

5. FEI Number

65-1031838

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
PTD	PARETS, ARMANDO L	2390 SW 16TH TERRACE	MIAMI FL 33145
VPSD	PARETS, BLANCA	2390 SW 16TH TERRACE	MIAMI FL 33145

8. Name and Address of Current Registered Agent

PARETS, ARMANDO L
2390 SW 16TH TERRACE
MIAMI FL 33145

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

CR2E040 (8/02)

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

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10/29/02

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 305-273-7695

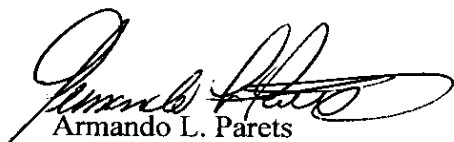
Miami, October 29, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee FL

Ref: FEI # 65 - 1031838

Dear Michelle:

As mentioned in our previous conversation I did not receive any notification regarding the renewal of my corporation. That was why I was so alarmed when I came across this final notice of dissolution coming from the State of Florida. As agreed I am sending a payment for one hundred and fifty dollars to reinstate the status of my corporation. Thank you very much for your time and consideration.


Armando L. Parets
DentaXpress
