

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 00000083938

1. Corporation Name

F. Zayas, P.D.S., P.A.

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

373 Westward Drive

Suite, Apt. #, etc.

3. Mailing Office Address

373 Westward Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

USA

City & State

Miami Springs, FL

Zip

33166

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Maryanne Moulin

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

325 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Apt # 3723

City

Miami

State

FL

Zip Code

33131

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

09/14/09

**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/D	Francois Zayas	373 Westward Drive	Miami Springs, FL 33166

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:

*[Signature]*

Francois Zayas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/14/09

Daytime Phone #

305-888-1742

FILED

09 SEP 17 PM 4:17

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

000160765980

09/17/09--01037--012 \*\*908.75

REINSTATEMENT

04-09

4. Date Incorporated or Qualified To Do Business in Florida

09/06/2000

5. FEI Number

650463405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

9/17/09