

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

01102

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

FILED

03 JAN 27 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116074

1. Corporation Name

ADRIANA MEJIA, D.D.S., P.A.

600010956496
01/27/03--01060--020 **236.25

Principal Place of Business

11313 N.W. 14 COURT
PEMBROKE PINES FL 33026

Mailing Address

11313 N.W. 14 COURT
PEMBROKE PINES FL 33026



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

2. New Principal Office Address, If Applicable
1246 W. 68th St
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
12507 S.W. 22nd St
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
12/20/2000

City & State
Hialeah, FL
Zip 33014 Country U.S.A.

City & State
Miramar, FL
Zip 33027 Country U.S.

5. FEI Number 65-1062272
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	MEJIA, ADRIANA	11313 N.W. 14 COURT	PEMBROKE PINES FL 33026

600010956496
01/27/03--01060--021 **150.00

8. Name and Address of Current Registered Agent

MEJIA, ADRIANA
11313 N.W. 14 COURT
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name MeJia, Adriana
Street Address (P.O. Box Number is Not Acceptable)
12507 S.W. 22nd St
Suite, Apt. #, Etc.
City Miramar State FL Zip Code 33027

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 REQUIRED REGISTERED AGENT MUST SIGN

Date 1-23-03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 (954)557-4351
Date Daytime Phone #

CR2E040 (8/02)

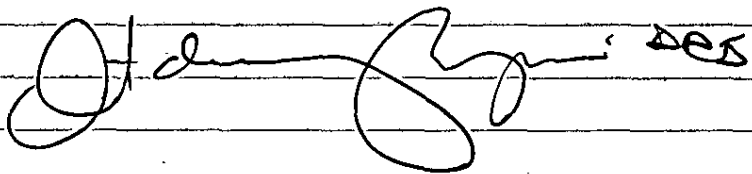
Jan 23, 2003

To whom it may concern,

My corporation did not receive the two prior uniform business report (UBR) notices due to having different address. This address was changed Oct 8, 2001, however I never received either notice. I now dual is the Reinstatement application with fees as well as 2003 CR/fees.

Thank you,

Dr. Adriana Mejia

A handwritten signature in black ink, appearing to read "Adriana Mejia". The signature is stylized with large loops and a long horizontal stroke.