## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |  |  |                                  |   |  |   |  | <b>₩</b>   |  |
|--|--|--|----------------------------------|---|--|---|--|--|--|
| APPLICATION<br>FOR<br>REINSTATEME  | FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State |  |                                  | FILED   |  |   |  |  |  |
| DOCUMENT # P0100008914   |  |  |                                  |   | -  | 02 NOV 21 PH 1: 20 SECRETISM OF STATE TALLAHASSEF FLORIDA |  |  |  |
| 1. Corporation Name  |  |  |                                  |   |  |   |  |  |  |
| DALINDA CANEL  | A-PICHARDO   | , D.D.S.,                                      | P.A.                             |   |  |   | TALLAHN                                  | SPFF FLORIDA   |  |
| Principal Place of Business  |  | Mailing Address                                |                                  |   |  | _   |  |  |  |
| 603 N. FEDERAL HIGHWAY<br>HOLLYWOOD FL 33020   |  | 1052 N.W. 80TH TERRACE<br>PLANTATION FL 33322  |                                  |   |  |   |  |  |  |
| If above addresses are incom   |  |  |                                  |   |  |   |  |  |  |
| New Principal Office Address, If Applicable  |  | 3. New Mailing Office Address, If Applicable 4 |                                  |   | 4. Date Incom<br>To Do Busi              | oorated or Qualified<br>ness in Florida                   | 01/24/2001                               |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                            |                                  |   | 5 FEI Numbe                              |   | Applied For                              |  |  |
| City & State   |  | Ι  |                                  |   |  | 6.  | 1070114                                  | Not Applicable   |  |
| Zip Cou  | ntry   | Zip <b>XX</b>                                  | 333                              | Country   | SA                                       |   | E OF STATUS DESIRED                      | \$8.75 Additional Fee required for a Certificate of Status                                     |  |
| 7. Names and Street Addresse   |  | or Director (Flo                               | rida nonprofi                    |   |  |   |  |  |  |
| Title(s) 2   |  |  |                                  | Street Address of Each<br>Officer and/or Director |  |   |  |  |  |
| D CANELA-PICHA   | S. 1052 N.W. 80TH  |  | . 80TH                           | JERRACE   |  | PLANTATION EL-39322                                       |  |  |  |
|  |  |  | 985                              | 4 1   | VW 229                                   | Ct.   | Plantot                                  | ion, Fl, 33324   |  |
|  |  |  |                                  |   |  |   | 0009145<br> 20102602                     |  |  |
| 8. Name and Address of Current Registered Agent  |  |  |                                  |   |  | 9. Name and   | Name and Address of New Registered Agent |  |  |
| CANELA-PICHARDO, DA<br>1052 N.W. 80TH-PERRA<br>PLANTATION FL 33322   | LLINDA D.D.S.<br>CE 9859<br>Plant                          | NW 7   | end c                            | + · 3334  | Suite, Apt. #, Et                        | (P.O. Box Number<br>9854<br>c.<br>NtothOr                 | is Not Acceptable)                       | State Zip Code   |  |
| 10. I, being appointed the regis Signature of Registered Agent   | eacht  | DOT TO   | ·别E(                             | QU  | · · ·                                    |   |  | 17.0505, F.S.  |  |
| 11. I certify that I am an officer of this reinstatement application owed by the corporation have on this application is true an | or director or the receiven, the reason for disso          | lution has been<br>ames of individu            | npowered to e<br>eliminated, the | execute the corporation                           | ite name satisfie:<br>do not qualify for | s the requirements<br>r an exemption une                  | of section 607,0401 or                   | further certify that when filling 617.0401, F.S., that all fees F.S. The information indicated |  |

SIGNATURE: DALINDA CANEDA PICHARDO DOS DE QUELLO 11/15/00 920-66/6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Dayling Phone #

## Dalinda A. Canela-Pichardo, D.D.S.

FAMILY & COSMETIC DENTISTRY

603 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020 TELEPHONE (954) 920-6616 FAX (954) 920-2401

November 15, 2002

Florida Department of State Division of Corporations

Re: Dalinda Canela-Pichardo, DDS, PA

I am submitting the application for reinstatement of the above-mentioned corporation. The mailing address has changed and the notice of dissolution was the first correspondence ever received regarding this matter even though the mail was forwarded to the new address. Due to this we failed to file an annual report. I have updated the address and am requesting that the reinstatement fee be waived. Thank you very much beforehand.

Sincerely,

Dalinda Canela-Pichardo, DDS, PA