

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -6 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

DOCUMENT # PO1000023329

1. Corporation Name

Miami Dental Supply, Inc.

REINSTATEMENT

03-07

CR2E081 (12/05)

2. Principal Office Address

42 NW, 27 Ave.

3. Mailing Office Address

6280 SW, 16 Terr.

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33125

Country

Dade

Zip

33155

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/01

5. FEI Number

90-8780613

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

Felix M Fernandez

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

6280 SW, 16 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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]

Date

04/05/07

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Felix M. Fernandez</u>	<u>6280 SW, 16 Terr.</u>	<u>Miami, FL, 33155</u>

800096352128
04/10/07--01039--014 **750.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/05/07

Daytime Phone #

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$750.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003-2007 or any other notice from the Division of Corporations in respect with the Corporation **MIAMI DENTAL SUPPLY, INC.**

Thank you for your courtesy in this matter.



FELIX M FERNANDEZ