

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000055575

1. Corporation Name

BECKER DENTAL CERAMICS, INC

7855 NW 29TH ST
7855 NW 29TH ST

2. Principal Office Address

7855 NW 29TH ST

3. Mailing Office Address

7855 NW 29TH ST

Suite, Apt. #, etc.

182

Suite, Apt. #, etc.

182

City & State

DORAL, FLORIDA

City & State

DORAL, FLORIDA

Zip

33122-1119

Country

USA

Zip

33122-1119

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/29/2001

5. FEI Number

65-1116007

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

JOSE BEJAR

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

7855 NW 29TH ST, # 182

Suite, Apt. #, Etc.

DORAL, FLORIDA

City

MIAMI

State

FL

Zip Code

33189

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

REGISTERED AGENT MUST SIGN

Date

6-25-04

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
DPS	JOSE BEJAR	20321 OLDS CUTLER RD	MIAMI, FL 33189
DV	MARTHA BEJAR	20321 OLDS CUTLER RD	MIAMI, FL 33189

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/2004

Date

305-468-8292

Daytime Phone #

CR2001 (01/04)

Miami, August 28th, 2003

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: BECKER DENTAL CERAMICS, INC
DOC# P01000055575**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

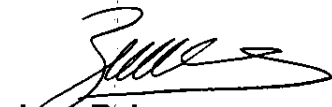
We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,



**Jose Bejar
President
7855 NW 29th Street, Suite # 182
Doral, FL 33122**