

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # P01000055575

1. Corporation Name

BECKER DENTAL CERAMICS, INC.

Principal Place of Business

9120 SW 77TH AVE., APT. C-4
 MIAMI FL 33156

Mailing Address

9120 SW 77TH AVE., APT. C-4
 MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/29/2001

5. FEI Number

65-111 6007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status



05/13/02 90064 034 15000

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
DVS	BEJAR, JOSE	9120 SW 77TH AVE., APT. C-4	MIAMI FL 33156
DP	BEJAR, MARTHA	9120 SW 77TH AVE., APT. C-4	MIAMI FL 33156

8. Name and Address of Current Registered Agent

BEJAR, JOSE
 9120 SW 77TH AVE., APT. C-4
 MIAMI FL 33156

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

5/1/02

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

Date

Daytime Phone #

5/1/02

CR2E040 (8/02)

Page 20E

Becker Dental Ceramics, Inc.

9120 S.W. 77th Avenue #C-4
Miami, Florida 33156

Florida Dept. of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

Re: P01000055575


Dear Sirs:

We paid for the renewal of our corporation with check #1091 dated 4/30/2002 in the amount of \$150.00. Please see attached copy of the check as the "Metrobank" of South Florida provides them to us. The check was paid by the bank in 5/22/2002 as you can see.

Please be kind enough to update your records. Our corporation should not be under administrative dissolution, as we submitted our renewal many months ago.

Your kind help on this matter will be highly appreciated.

Yours truly,


Jose Behar
President