

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -9 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088563

1. Corporation Name

J.C. MIGHTY DENT REMOVAL, INC.

REINSTATEMENT 02-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

7450 NW 17TH STREET

3. Mailing Office Address

9201 NW 20 PL

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

SUNRISE, FL

Zip

33313

Country

BROWARD

Zip

33322

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2001

5. FEI Number
65-1137116

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

JUAN CARLOS FLORES

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

9201 NW 20 PL

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33328

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 03/03/2009

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
P	MARIA A GARCIA	9201 NW 20 PL	SUNRISE, FL 33322
VP	JUAN C FLORES	9201 NW 20 PL	SUNRISE, FL 33322

03/03/09-01051-002 ***1050.00

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:

JUAN C FLORES

03/03/2009

954 317 2793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #