

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 AUG 23 AM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000111820

1. Corporation Name

AMPERE DENTAL LABORATORY, INC.

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

4297 SW High Meadow Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4658 SW Hammock Creek Drive

Suite, Apt. #, etc.

City & State

Palm City, Florida

City & State

Palm City, Florida

Zip

34990

Country

USA

Zip

34990

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/01

5. FEI Number

01-0553984

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

Ramon Ulloa

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

4658 SW Hammock Creek Drive

Suite, Apt. #, Etc.

City

Palm City,

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date

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
Pres.	Ramon Ulloa	4297 SW High Meadow Avenue	Palm City, Florida 34990

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

Daytime Phone #

*Ramon M. Ulloa*

8/16/2007

08/23/07 01004-008 \*\*458.75

REINSTATEMENT

2 of 2

**RAMON ULLOA**

August 17, 2007

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

**RE: CORPORATION REINSTATEMENT**

To Whom It May Concern:

Attached please find a completed Corporation Reinstatement Form. Please note that our former place of business in Fort Pierce, Florida was destroyed by a hurricane in September, 2005 and our business has been inactive since that time. Please also note that during that time period, we never received any annual report renewal notices.

We have a new location and anticipate re-starting our operations in the near future and would like to reinstate our Corporation. We are requesting that you waive the reinstatement fee of \$600.00 since we have not received any renewal notices since our 2004 renewal.

Our check for \$458.75 (for the years 2005-2007) is enclosed.

Thank your for your anticipated cooperation in this matter.

Sincerely,



Ramon Ulloa, President  
Ampere Dental Laboratory, Inc.