

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000026057

1. Entity Name
MEDICAL & DENTAL SERVICES MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 8:58

Principal Place of Business
17519 SW 115 AVE
MIAMI, FL 33157

Mailing Address
17519 SW 115 AVE
MIAMI, FL 33157

REINSTATEMENT 04-05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
01-0624202

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROA, MARTHA
17519 SW 115 AVE
MIAMI, FL 33157

Name
MARTHA ROA

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

17519 SW 115 AVE

City
MIAMI

FL Zip Code
33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/13/2005
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS ROA, MARTHA
CITY-ST-ZIP 17519 SW 115 AVE
MIAMI, FL 33157 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 100047505421
CITY-ST-ZIP 03/01/05--01050--001 **300.00

TITLE
NAME VICE PRESIDENT ☐ Change ☒ Addition
STREET ADDRESS CINTHIA N. MIRANDA
CITY-ST-ZIP 17519 SW 115 AVE
MIAMI FL 33157

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2005 786-399-6078
Date Daytime Phone #

February 14, 2005

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: MEDICAL & DENTAL
SERVICES MANAGEMENT, INC.
FEIN 01-0624202**

Dear sirs:

We are sending again the Annual Uniform Business Report for **MEDICAL & DENTAL SERVICES MANAGEMENT, INC.** which has already sent you its Annual Report on March 13th, 2004 along with a check payable for \$ 150.00 that was never cashed. We realize that the check was not cashed on our accounting bank reconciliation finding out that the corporation is currently inactive.

We did not receive any letter or writing notice about the corporation dissolution otherwise we would resend you Annual Report before.

Please I am requesting to waive the penalties and reinstate My Corporation.

Thank you very much for your attention to this matter.

Sincerely,



Martha Roa
MEDICAL & DENTAL SERVICES MANAGEMENT, INC.