

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -1 PM 4:46

DOCUMENT # P02000028022

1. Corporation Name

BRICKELL DENTAL CENTER INC.

Principal Place of Business

Mailing Address

1101 BRICKELL AVE
#802 NORTH TOWER
MIAMI FL 33131

5151 COLLINS AVE.
#1821
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2002

5. FEI Number

02-0588544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PIGNATELLI, LOUISE Y	5151 COLLINS AVE., #1821	MIAMI BEACH FL 33140
P	PIGNATELLI, LOUISE Y	1101 BRICKELL AVE, #802-N	MIAMI, FL 33131

100025422481
12/11/03--01040--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIGNATELLI, LOUISE Y DR.
5151 COLLINS AVE.
#1821
MIAMI BEACH FL 33140

Name
PIGNATELLI, LOUISE Y
Street Address (P.O. Box Number is Not Acceptable)
1101 BRICKELL AVE.,
Suite, Apt. #, Etc.
#802-N
City
MIAMI
State
FL
Zip Code
33131

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

Louise Yvonne Pignatelli
REGISTERED AGENT MUST SIGN

Date 11/18/03

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:

Louise Yvonne Pignatelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03 (205)371-5376
Date Daytime Phone #

1101 Brickell Ave

0803 N

Miami FL 33131

11/26/03

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

Dear Sir,

We did not receive the previous
Uniform Business Report notification.

Enclosed is a check of \$150.00 to
re-install our corporation

Sincerely yours,

Louis T. Piquet