APPROVED AND FILED

05 MAR 29 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COI

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000058034

1. Corporation Name

Wendell A. Feliciano DDS, PA

REINSTATEMENT 03-05

MRD

2. Principal Office Address	3. Mailing Office Address
5185 Castello Dr	5185 Castello Dr.
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Naples, FL	City & State Naples, FL
Zip 34103 Country Collier	Zip 34103 Country Collier

4. Date Incorporated or Qualified To Do Business In Florida 5-24-2002

5. FEI Number 82-0545407 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mayra Feliciano

Street Address (P.O. Box Number is Not Acceptable): 5185 Castello Dr

Suite, Apt. #, Etc.: Suite 1

City: Naples State: FL Zip Code: 34103

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: Mayra Feliciano Date: 3-23-05

REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

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	Wendell A. Feliciano	5185 Castello Dr	Naples, FL 34103
V	Mayra Feliciano	5185 Castello Dr. Ste 1	Naples, FL 34103

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04/13/05--01005--019 **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 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: Mayra Feliciano 3-23-05 239-435-7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #