PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 PM 12:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500028014595
03/01/04--01025--005 **141.25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

500028014595
02/02/04--01058--018 **758.75

DOCUMENT # P02000093917

1. Corporation Name

Dental Group of Coral Way, Inc.

2. Principal Office Address	3. Mailing Office Address
8345 Coral Way	8345 Coral Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida 33155	City & State: Miami, Florida 33155
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 05-0532204 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Pablo R. Alvarez

Street Address (P.O. Box Number is Not Acceptable): 747 Ponce De Leon Blvd.

Suite, Apt. #, Etc.: 401

City: Coral Gables, State: FL Zip Code: 33134

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: Pablo R Alvarez D.D.S. Date: 1-23-04

REGISTERED AGENT MUST SIGN

CR2E055 (10/02)

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/T/D	Pablo R. Alvarez	747 Ponce De Leon Bvld.	#401 Coral Gables, FL 33134
VP/S/D	Aurora M. Alvarez	747 Ponce De Leon Bvld.	#401 Coral Gables, FL 33134

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: Pablo R Alvarez D.D.S. 1-23-04

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