

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 17 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000037558

1. Corporation Name

Advanced Dental care and Cosmetics

2. Principal Office Address

1019 Crosspointe Dr

Suite, Apt. #, etc.

Suite 2

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

1019 Crosspointe Dr

Suite, Apt. #, etc.

Suite 2

City & State

Naples, FL

Zip

34110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

116-11660223

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

Alan Farrugia

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

6447 Highcroft Dr

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/16/04

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
owner	Alan Farrugia	6447 Highcroft Dr	Naples, FL 34119
owner	Simon Amiri	19601 E Country Club Dr #7103	Aventura, FL 33180

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:

[Signature]

alan Farrugia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/04

Daytime Phone #

231-591-2292

CR2E081 (01/04)