

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 13 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300104320423
06/13/07--01032--009 **300.00


7/8/05 CR2E081 (1/07) 90020 002 150-00

4. Date Incorporated or Qualified To Do Business in Florida 9/8/03

5. FEI Number 57-1185259 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000101913

1. Corporation Name

DENTAL INSTITUTE FOR ADVANCED TRAINING, INC.

2. Principal Office Address - No P.O. Box # 4725 Bloomingdale Ave

Suite, Apt. #, etc.

3. Mailing Office Address 4725 Bloomingdale Ave

Suite, Apt. #, etc.

City & State
Valrico, FL

City & State
Valrico, FL

Zip
33594

Country
USA

Zip
33594

Country
USA

7. Name and Address of Current Registered Agent

Name
Randall V. Talaski

Street Address (P.O. Box Number is Not Acceptable)
4725 Bloomingdale Ave

Suite, Apt. #, Etc.

City
Valrico, FL

State
FL

Zip Code
33594

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Randall V. Talaski

REGISTERED AGENT MUST SIGN

Date

7/8/07

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
PD	Randall V. Talaski	4725 Bloomingdale Ave	Valrico, FL 33594

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 contained in Chapter 119, 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:

Randall V. Talaski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/07

Date

813-343-9589

Daytime Phone #

6/13 am