

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

rg/10/07

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 FEB 28 AM 9:59

**DOCUMENT # P04000056975**

1. Corporation Name

**Advantage Dental Esthetic Group**

700223179897  
02/28/12--01005--001 \*\*458.75

2. Principal Office Address - No P.O. Box #  
**17130 Royal Palm Blvd.**

3. Mailing Office Address  
**17130 Royal Palm Blvd.**

Suite, Apt. #, etc.  
**Suite #3**

Suite, Apt. #, etc.  
**Suite #3**

City & State  
**Weston, Fl.**

City & State  
**Weston, Fl.**

Zip Country  
**33326 USA**

Zip Country  
**33326 USA**

**REINSTATEMENT 10-12**

4. Date Incorporated or Qualified  
To Do Business in Florida **04/01/2004**

5. FEI Number  
**200968729**

☐ 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  
**Jorge E. Mesa**

Street Address (P.O. Box Number is Not Acceptable)  
**17130 Royal Palm Blvd.**

Suite, Apt. #, Etc.  
**Suite #3**

City State Zip Code  
**Weston FL 33326**

Note:  
Due to a clerical error in  
the mailing address.  
The corporation was  
reinstated without  
penalty.  
2/28/12 AD.

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

REGISTERED AGENT MUST SIGN

Date **02/21/2012**

**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	Jorge E. Mesa	17130 Royal Palm Blvd. #3	Weston, Fl. 33326
V	Margaret Ann Mesa	17130 Royal Palm Blvd. #3	Weston, Fl. 33326

10. E-mail Address: **Advantagedental@hotmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/21/2012 954-384-7505**

Date **FEB 28 2012** Time Phone #

Rg 2012

Andy Dunlap  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Fl 32301

Dear Andy:

As per our phone conversation, I am applying for reinstatement of my corporation Advantage Dental Esthetic Group, Inc -document #P04000056975. Enclosed please find check #5416 in the amount of \$458.75 to cover the Annual Report fees for the years 2010, 2011 & 2012 including the additional fee for a certificate of status.

As per our agreement, the penalty fee of \$600.00 has been waived because of the failure in your department with updating my current address. After a review of my case, it was determined that my address was never updated and neither was Jorge Lopez Accountant removed as mailing address as requested in July 2009 and I never received notification for the years mentioned above.

I am also kindly requesting to make sure that the update takes place this time so that I receive my future notices on time.

Thank you for all your time and help resolving this issue.

Very truly yours,

Jorge E Mesa, DMD  
Advantage Dental Esthetic Group, Inc  
17130 Royal Palm Blvd suite #3  
Weston, Fl 33326

