

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 27 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805000015048

1. Corporation Name

MOLDAUER DENTAL CORP. OF AMERICA

2. Principal Office Address - No P.O. Box #

1445 MAJESTY TERRACE

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT
CR2E081 (12/07) 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/05

5. FEI Number

20-2286908

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

GINA CLARA COZZARELLI

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

1445 MAJESTY TERRACE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

☒ 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

Gina Cozzarelli
REGISTERED AGENT MUST SIGN

Date 3-24-2008.

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
D	BERTRAM I. MOLDAUER	1445 MAJESTY TERRACE	WESTON, FL, 33327

100121442171
03/27/08--01036--012 **450.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

954/240/9433

Daytime Phone #