

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 MAY 21 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P05000126352*

1. Corporation Name  
*Cosmetic Dentistry and Facial  
Esthetics of Naples, Inc.*

2. Principal Office Address - No P.O. Box #  
*4077 Tamiami Trail N*

3. Mailing Office Address  
*4077 Tamiami Trail N*

Suite, Apt. #, etc.  
*D203*

Suite, Apt. #, etc.  
*D203*

City & State  
*Naples FL*

City & State  
*Naples FL*

Zip Country  
*34103 USA*

Zip Country  
*34103 USA*

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida *9-13-05*

5. FEI Number *90-0248215*  
 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 M Marder*

Street Address (P.O. Box Number is Not Acceptable)  
*4077 Tamiami Trail N*

Suite, Apt. #, etc.  
*D203*

City State Zip Code  
*Naples FL 34103*

200235370692  
05/21/12--01051--003 \*\*1050.00

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 *Alan M Marder* Date *5-18-12*  
REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Alan M Marder</i>	<i>4077 Tamiami Trail N</i>	<i>Naples, FL 34103</i>

10. E-mail Address: *a.smile1127@aol.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: *Alan M Marder* Date *5-18-12*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*MW 5/21*