

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 FEB 25 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000065264

1. Corporation Name

Dentistry at Lake Nona, Inc.

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

10743 Narcoossee Road
Suite, Apt. #, etc.

Suite A-26

City & State

Orlando, FL

Zip Country

32832 USA

3. Mailing Office Address

10743 Narcoossee Road
Suite, Apt. #, etc.

Suite A-26

City & State

Orlando, FL

Zip Country

32832 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/06

5. FEI Number

204858059

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

Irfan Ahmad

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

10743 Narcoossee Road,

Suite, Apt. #, etc.

Suite A-26

City

Orlando

State

FL

Zip Code

32832

200282640162
02/25/16--01023--014 **\$00.00

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

Date 2/19/16

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
<u>DPST</u>	<u>Irfan Ahmad</u>	<u>10743 Narcoossee Rd, Ste A26</u>	<u>Orlando FL 32832</u>

REINSTATEMENT

FEB 25 2016

R. HUNT

10. E-mail Address: dlr@cfi.cc.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

2/19/16

Date

Daytime Phone #

407 380 7734