

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

07 OCT -5 AM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900110983159  
10/19/07--01007--026 \*\*151.00  
CR2E081 (1/07) 07

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000129935**

1. Corporation Name  
**Sawgrass Mills Mall Dental, P.A.**

2. Principal Office Address - No P.O. Box # <b>12801 West Sunrise Blvd.</b>		3. Mailing Office Address <b>c/o Rostislav Krasnov, DDS</b>	
Suite, Apt. #, etc. <b>Suite 221A</b>		Suite, Apt. #, etc. <b>230 W. 56th Street, Apt 52F</b>	
City & State <b>Sunrise, FL</b>		City & State <b>New York, NY</b>	
Zip <b>33323</b>	Country <b>U.S.</b>	Zip <b>10019</b>	Country <b>U.S.</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>10/11/06</b>		
5. FEI Number <b>SI-0633779</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name  
**UCC Filing & Search Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1574 Village Square Blvd**

Suite, Apt. #, Etc.  
**Suite 100**

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32309**

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 *Alison Hand* Date 10/5/07

**Col220** 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
D,P	Rostislav Krasnov, DDS	230 W.56th Street, Apt. 52F	New York, NY 10019
D, V, S, T	Vadim Valdman, DDS	1830 South Ocean Drive <i>APT 2411</i>	Hallandale, FL 33009

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:** *Rostislav Krasnov* Rostislav Krasnov, DDS, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **917-902-9515**