PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 19 PM 2:59

DOCUMENT # P07000020685

1. Corporation Name

Westland Mall Dental, P.A.

900144006439
02/19/09--01025--019 **308.75

REINSTATEMENT 08-09 KS

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1666 W 49th Street		c/o Rostislav Krasnov, DDS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1484		230 W 56th Street, Apt. 52F	
City & State		City & State	
Hialeah, Florida		New York, New York	
Zip	Country	Zip	Country
33012	US	10019	US

4. Date Incorporated or Qualified To Do Business In Florida 2/14/07

5. FEI Number 51-0033782 ☐ 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
UCC Filing & Search Services, Inc.

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

Suite, Apt. #, Etc.
Suite 100

City	State	Zip Code
Tallahassee	FL	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, ASST SEC Date 2/19/09
REGISTERED AGENT MUST SIGN
COL220

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 Dr., Apt. 2411	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: Vadim Valdman 2/10/09 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #