

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p07000127856

1. Corporation Name

Green Dental Lab of Lake Park Inc

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

1200 old Dixie HWY

Suite, Apt. #, etc.

Suit 5

City & State

Lake Park

Zip

33403

Country

U. S. A.

3. Mailing Office Address

804 Federal HWY

Suite, Apt. #, etc.

Suite 7

City & State

Lake Park FL

Zip

33403

Country

U. S. A.

800172798058
03/22/10--01055--011 **308.75
CR2E081 (11/09)
REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 11/30/2007

5. FEI Number
42-1748935

☒ 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

Ha Eung Soo

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

1200 Old Dixie HWY

Suite, Apt. #, Etc.

Suit 5

City

Lake Park

State

FL

Zip Code

33403

☒ 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.

800172798058
04/28/10--01034--008 **141.25

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

REGISTERED AGENT MUST SIGN

Date March 17/2010

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
DP	Ha Eung Soo	208 Hampton Cir	Jupiter FL 33458
DS	Ha Boyung	208 Hampton Cir	Jupiter FL 33458

10. E-mail Address: alterationsbyang@bellsouth.net

(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., 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.

SIGNATURE

Eung Soo HA

3/17/10 561-845-7085

FILED

10 APR 29 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA