

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP 05 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # P92000005068

1. Corporation Name

ELITE DENTAL LABORATORY, INC.

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

2100 E. ROBINSON STR

Suite, Apt. #, etc.

3. Mailing Office Address

2100 E. ROBINSON STR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32803

Country

US

Zip

32803

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1992

5. FEI Number

59-3151380

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

CARLOS MORENO

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

2100 E. ROBINSON STR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

800239256728

09/05/12--01013--008 **1150.00

05/19/09 01023 \$350.00

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

Carlos Moreno

REGISTERED AGENT MUST SIGN

Date **8/30/12**

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
PTD	CARLOS MORENO	2100 E. ROBINSON ST	ORLANDO, FL 32803
VPS	MARIA A. CABAL	2100 E. ROBINSON ST	ORLANDO, FL 32803

10. E-mail Address: **salento02@yahoo.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:

Carlos Moreno

CARLOS MORENO

8/30/12

407-897-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #