

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000001672

1. Corporation Name

PATRICIA PRIMERO D.D.S., P.A.

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

9010 STRADA STELL CT

Suite, Apt. #, etc.

101

City & State

NAPLES FL

Zip

34109

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 04 1993

5. FEI Number

65-038-4342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (11/10)

2016 JUL -6 AM 9:03

JUL - 6 2016

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07/06/16--01041--001 **1050.00

7. Name and Address of Current Registered Agent

Name

PATRICIA PRIMERO

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

9010 STRADA STELL CT

Suite, Apt. #, Etc.

SUITE 101

City

NAPLES

State

FL

Zip Code

34109

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **06-28-2016**

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
PRESIDENT-	PATRICIA PRIMERO	9010 STRADA STELL CT NAPLES FL 34109	Suite 101
REINSTATEMENT	2014-2016		

10. E-mail Address: **Drop @ The Smile Factory . 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-28-2016

Date

Daytime Phone #