

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1996 NOV 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000054815

1. Corporation Name

Advanced Dental Prosthetics, Inc.

Principal Place of Business

Mailing Address

101 Sarto Ave
Coral Gables, FL 33146

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
August 2, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0425277

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Robert Strickland	101 Sarto Ave	Coral Gables, FL 33134
VP/D	Carlos A. Rivas	102 Romano Ave	Coral Gables, FL 33134

000002013650-3
-11/26/96-01024-029
###375.00 ###375.00

8. Name and Address of Current Registered Agent

Carlos A. Rivas
102 Romano Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Ot. Appointed Receiver
Osvaldo N. Soto
Street Address (P.O. Box Number is Not Acceptable)
2151 Lajeune Road, Suite 310
Suite, Apt. #, Etc.
Coral Gables, FL 33134
City
FL 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 11/18/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRS 0040 (1/200)