

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 26 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000019908*

1. Corporation Name

Dental Care, Inc.
8801 Johnson St.
Pembroke Pines, FL 33024

2. Principal Office Address

8801 Johnson St.

Suite, Apt. #, etc.

3. Mailing Office Address

8801 Johnson St.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33024

Country

USA

City & State

Pembroke Pines FL

Zip

33024

Country

USA

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****1500.00 ***1500.00*

REINSTATEMENT 95-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-15-94

5. FEI Number

65-0480225

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

Kambiz Salehi

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

8801 Johnson St.

Suite, Apt. #, Etc.

City

Pembroke Pines, FL

State

FL

Zip Code

33024

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**

Dr. K. Salehi

REGISTERED AGENT MUST SIGN

Date *9-18-2000*

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 |
|-------------|--------------------------------------|---|---------------------------------|
| <i>P.O.</i> | <i>Kambiz Salehi</i> | <i>8801 Johnson St.</i> | <i>Pembroke Pines, FL 33024</i> |
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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 under section 119.07(3)(i), 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:

Dr. K. Salehi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-18-2000

Daytime Phone #