

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026917

1. Corporation Name

ST. LUCIE DENTAL LABORATORY, INC.

Principal Place of Business

Mailing Address

~~9422 S. FEDERAL HWY
PORT ST. LUCIE FL 34952~~

~~9422 S. FEDERAL HWY
PORT ST. LUCIE FL 34952~~

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

2. New Principal Office Address, If Applicable

10694 S. US Hwy 1

3. New Mailing Office Address, If Applicable

10694 S. US Hwy 1

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

PORT ST. LUCIE

City & State

PORT ST. LUCIE

Zip

34952

Country

USA

Zip

34952

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1994

5. FEI Number

65-0487829

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
DPT	HU, YOUNG C	3044 SE DARIEN RD.	PORT ST. LUCIE FL 34952
DVS	HU, YONG J	3044 SE DARIEN RD.	PORT ST. LUCIE FL 34952
D	HU, IN H	3044 SE DARIEN RD.	PORT ST. LUCIE FL 34952
			900003493189--0 -12/11/00--01032--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HU, YOUNG C
9422 S. FEDERAL HWY
PORT ST. LUCIE FL 34952

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Young C Hu
REGISTERED AGENT MUST SIGN

Date 11-15-00

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 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:

Young C Hu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/15/00 Daytime Phone #

KE