

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:00

DOCUMENT # P94000026917

1. Corporation Name

ST.LUCIE DENTAL LABORATORY, INC.

REINSTATEMENT

03-04

MRS

500031348355

03/29/04--01076--005 **308.75

2. Principal Office Address

2062 SW PORT ST.LUCIE BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST.LUCIE, FL.

City & State

Zip

34953

Country

ST.LUCIE

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/04/94

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. Name and Address of Current Registered Agent

Name

HU, YOUNG C

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

2062 SW PORT ST.LUCIE BLVD.

Suite, Apt. #, Etc.

City

PORT ST.LUCIE

State

FL

Zip Code

34953

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

Date

REGISTERED AGENT MUST SIGN

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
DPT	HU, YOUNG C	2062 SW PORT ST.LUCIE BLVD. PORT ST.LUCIE, FL.	34953
DVS	HU, YONG J	2062 SW PORT ST.LUCIE BLVD. PORT ST.LUCIE, FL.	34953
D	HU, IN H	2062 SW PORT ST.LUCIE BLVD. PORT ST.LUCIE, FL.	34953

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)