

**CORPORATION
REINSTATEMENT**



FILED

01 JAN -9 PM 2: 43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 194000046318

Sunrise Intracoastal Dental Center, P.A.

900 N.E. 26th Avenue

900 N.E. 26th Avenue

Ft.Lauderdale, FL

Ft. Lauderdale, FL

Country
U.S.A.

6/21/94

Not Applicable

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

Dana A. Fahey

900 N.E. 26th Avenue

Ft. Lauderdale

State
FL

Zip Code
33304

REGISTERED AGENT MUST SIGN

Date _____

1/8/01

City / State / Zip

PSTD	Dana A. Fahey	900 N.E. 26th Avenue	Ft. Lauderdale, FL 33304
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***900.00	***900.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #