## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REIN	RPORA	MENT	Katheri Secreta	RTMENT OF STATE ine Harris ry of State CORPORATIONS			FILED JAN -9 PM 2: 1	
1. Corporation	ise I	ntracoastal	Dental Cent			TĂĔĔ	RETARY OF STAT AHASSEE FLORIC	Ā
900 ] Suite, Apt. #,		26th Avenue	900 N.E. 2 Suite, Apt. #, etc.	REINSTATEMENT 100				
City & State		. <u> </u>	City & State	4. Date Incorporated or Qualified To Do Business in Florida 6/21/94				
Ft.Lauderdale, FL			Ft. Lauderdale, FL		5. FEI Number 65-050	9660	, / <b>-</b>	Applied For Not Applicable
2ip 33304 Country U.S.A		U.S.A.	<sup>Zip</sup> 33304	Country U.S.A. 6. CERTIFICATE OF STATUS DESIRED \$3,75 Addition of a Certificate of Status Desired \$4,75 Addition of Addi		onal Fee required		
	Name		7. Name and Ad	ddress of Current Registere	ed Agent			
	Street Add 900 Suite, Apt.	Lauderdale	venue			State FL	*******8.75 Zip Code 33304	******8.75
8. I, being ap Signature of Registered A		egistered agent of the above	named corporation, am fam		pations of section 60	07.0505 or Date	617.0503, F S. /O	CRZE081 (9/99)
9. Names and	d Street Add	resses of Each Officer and/or	Director (Florida nonprofit o	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	
PSTD	Dana	A. Fahey	900	N.E. 26th A	venue	Ft.	Lauderdale,	FL 33304
				, , ,		<u>v</u>		70- 1 04009 ****900.00
								KE
this reinst fees owed	tatement app d by the corp on this appli	fficer or director or the receive discation, the reason for dissol oration have been paid and the cation is true and accurate, as GNATURE AND TYPED OR PRI	lution has been eliminated, the names of individuals liste and my signature shall have the	the corporate name satisfies to ed on this form do not quality the same legal effect as if ma	the requirements of for an exemption ur	section 60	07 0401 or 617 0401 F.S.	that all