PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060416

1. Corporation Name: Lloret & Fialkow, M.D.S, P.A.

Principal Place of Business	Mailing Address
8950 N.Kendall Dr. Suite 405 Miami, Fl 33176	8950 N. Kendall Dr. Suite 405 Miami, Fl 33176

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8940 N. Kendall Dr.	8940 N.Kendall Dr.
Suite, Apt. #, etc.: 707-E	Suite, Apt. #, etc.: 707-E
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33176 Country: U.S.A.	Zip: 33176 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 8/17/94

5. FEI Number: 65-05-12292 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Lloret, Ramon	8940 N. Kendall Dr-707E	Miami, Florida 33176
D	Fialkow, Jonathan	8940 N. Kendall Dr-707E	Miami, Florida 33176

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****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Fialkow, Jonathan 8950 N. Kendall Dr. Suite 405 Miami, Fl 33176	Name: Bruce Jay Toland ESQ. Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave Suite 1501 Suite, Apt. #, Etc.: Suite 1501 City: Miami State: FL Zip Code: 33131

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 _____ Date 12/8/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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.

KE

SIGNATURE: _____ 12/6/99 305 662 8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jonathan Fialkow, MD. Date 12/8/99 Daytime Phone # 305 275-9048