

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 PM 6:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-04

EP

DOCUMENT # 294000065213

1. Corporation Name
JOSE R. ABADIN, D.D.S., P.A.

2. Principal Office Address
555 BILTMORE WAY

3. Mailing Office Address

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL.

City & State

Zip Country
33134 U.S.A.

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0521322

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
JOSE R. ABADIN, D.D.S.

Street Address (P.O. Box Number is Not Acceptable)
555 BILTMORE WAY,

Suite, Apt. #, Etc.
#105

City
CORAL GABLES,

State Zip Code
FL 33134

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
Jose R. Abadin

REGISTERED AGENT MUST SIGN

Date
4/22/04

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
P	JOSE R. ABADIN, D.D.S.	SAME AS ABOVE	

200034755202
04/29/04--01067--009 **450.00

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:

Jose R. Abadin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/22/04

Daytime Phone #

CR2E081 (01/04)

JOSE R. ABADIN, D.D.S.
COSMETIC, IMPLANT & FAMILY DENTISTRY

555 BILTMORE WAY, SUITE 105
CORAL GABLES, FL 33134

(305) 446-1584
Fax (305) 446-8069
Email drabadin@bellsouth.net

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Re: Jose R. Abadin, D.D.S. P.A.

This letter is to request a reinstatement of the corporation Jose R. Abadin, D.D.S. P.A. and for a waiver of the penalty fees. This corporation was filed on 9/6/1994 and every year after, the fees were paid on time. After the 2001 year no annual reports were received to file, hence the reason the years 2002 and 2003 were not filed.

Enclosed is a check for \$450 for the years 2002, 2003 and 2004. Thank you for your cooperation and understanding. Please change the registered agent to the new one listed in the application Jose R. Abadin, D.D.S. P.A.

Sincerely,



Jose R. Abadin, D.D.S. P.A.