

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

**FILED**

98 MAY 20 PM 2:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *P95000057443 (0)*

1. Corporation Name  
*American Med-Dental Supplies Inc.*

Principal Place of Business  
*9758 SW 40 ST  
 Miami FL 33145*

Mailing Address  
*9758 SW 40 ST  
 Miami FL 33165*

**REINSTATEMENT** *97-98*  
*ad*

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>07-25-1995</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0605582</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
<i>Pres</i>	<i>JOSE HIDALGO</i>	<i>9954 SW 27th ST</i>	<i>Miami FL 33145</i>
<i>VPRD</i>	<i>PABLO LOPEZ</i>	<i>15782 SW 85th ST.</i>	<i>Miami FL 33193</i>
<i>VPRD</i>	<i>Ralph Monroe</i>	<i>1820 West 53rd St #311</i>	<i>Hialeah FL 33012</i>
<i>VPRD</i>	<i>HUGO E. LOPEZ</i>	<i>6625 W 4ave #207</i>	<i>Hialeah FL 33012</i>
			<i>500002531945--5</i> <i>-05/21/98--01086--025</i> <i>****300.00 ****900.00</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<i>HIDALGO, MARIA C.</i> <i>9954 SW 27th ST</i> <i>Miami FL 33165</i>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b> Zip Code

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 *Maria Hidalgo* REGISTERED AGENT MUST SIGN Date *5/1/98*

11. This corporation owes or has paid 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.

SIGNATURE: *Jose Hidalgo* President Date *5/1/98* (305)221-3991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (1/98)