

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

98 MAY 20 PM 2:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

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

Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
07-25-1995

5. FEI Number
65-0605582

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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 4 Ave #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

*HIDALGO, MARIA C.
 9954 SW 27th ST
 Miami FL 33165*

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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* Daytime Phone # *(305)221-3991*

CPRE040 (1/98)