

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
B. M. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060280

1. Corporation Name

DENTAL PROFESSIONAL SERVICES, INC.

Principal Place of Business

481 E HILLSBORO BLVD
200A
DEERFIELD BEACH FL 33441
US

Mailing Address

481 E HILLS BORO
200 A
DEERFIELD BEACH FL 33441
US

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

08/04/1995

5. FEI Number

65-0600164

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
PSD	GLICK, MICHAEL S	17675 SCARSDALE WAY	BOCA RATON FL

200002331452--7
-10/28/97-01048-012
****173.75 ****173.75

8. Name and Address of Current Registered Agent

GLICK, MICHAEL S
481 E HILLSBORO BLVD
SUITE 200 A
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

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

REGISTERED AGENT MUST SIGN

Date

10/23/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/97

Daytime Phone #

9844290057

2

MEMO

DATE: 10/23/97

TO: DEPT. OF STATE

FROM: MICHAEL S. GLICK

RE: CORPORATION ANNUAL REPORT (DOCUMENT #: P95000060280)

DEAR SIR/MADAM,

PURSUANT TO MY CONVERSATION WITH YOUR OFFICE TODAY, 10/23/97, PLEASE BE ADVISED THAT THE ORIGINAL DOCUMENT FOR FILING WAS MAILED TO YOU ON 1/7/97.

I HAVE ENCLOSED A MONEY ORDER AND A COPY OF THE ORIGINAL FILING FORM, ALONG WITH A NEW LATE FORM FOR ORIGINAL SIGNATURE INFORMATION.

THANK YOU FOR YOUR IMMEDIATE ATTENTION TO THIS MATTER.

SINCERELY,



MICHAEL S. GLICK