PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -6 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082195

1. Corporation Name

DENTAL PRACTICE ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
12155 BISCAYNE BLVD. #AA NORTH MIAMI FL 33181	12155 BISCAYNE BLVD. #AA NORTH MIAMI FL 33181

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
12000 BISCAYNE BLVD.			
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33181	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/26/1995

5. FEI Number: 65-0622227 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PD~~	~~BUCHWALD, ALEXANDER~~	~~4747 HOLLYWOOD BLVD.~~	~~HOLLYWOOD FL 33135~~
~~VSB~~	~~BAZZANO, NORA~~	~~12155 BISCAYNE BLVD. #AA~~	~~NORTH MIAMI FL 33181~~
DIR. PRES.	ROGER PRIETO, DDS.	12000 BISCAYNE BLVD. #108	MIAMI, FL 33181
DIR.	PAULO DOMINGUEZ	12000 BISCAYNE BLVD. #108	MIAMI, FL 33181

8. Name and Address of Current Registered Agent

~~BAZZANO, NORA~~
~~12155 BISCAYNE BLVD. #AA~~
~~NORTH MIAMI FL 33181~~

9. Name and Address of New Registered Agent

Name: PAULO DOMINGUEZ
Street Address (P.O. Box Number Is Not Acceptable): 12000 BISCAYNE BLVD.
Suite, Apt. #, Etc.: SUITE 108
City: MIAMI — State: FL — Zip Code: 33181

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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

800002024118--0
-12/10/96--01014--016
****375.00 ****375.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED
PAULO DOMINGUEZ, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/3/96 — Daytime Phone #: (305) 895-0716

CR2E040 (7/96)

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