

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083424

1. Corporation Name

HALINA S. MONTANO DDS, P.A.

2. Principal Office Address - No P.O. Box #

21267 Bellechasse Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

Same as Office Address

Suite, Apt. #, etc.

City & State

Same as Office Address

Zip

Country

7. Name and Address of Current Registered Agent

Name

Halina Montano DDS

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

21267 Bellechasse Court

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

5/28/08

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	Halina Montano DDS	21267 Bellechasse Court	Boca Raton, FL 33433
	<i>M6/3</i>		

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 contained in Chapter 119, 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

Halina Montano 5/28/08 (561) 302-5176

FILED
08 JUN 03 AM 10:54
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1995

5. FEI Number
65-0617339

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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