

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAR -3 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095570

1. Corporation Name

LAZARO FERNANDEZ, DDS, P.A.
8180 N.W. 155 STREET
MIAMI LAKES. FL. 33016

Mailing Address

Principal Place of Business

8180 NW 155 STREET #200
MIAMI LAKES. FLORIDA.
33016

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
8180 NW 155 STREET

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

200

65-0627182

Not Applicable

City & State

City & State

MIAMI LAKES FLORIDA

Zip

Country

Zip

Country

33016

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
P/D	LAZARO FERNANDEZ	8180 NW 155 STREET	MIAMI LAKES .FL. 33016
			300002103623--8 -03/04/97--01069--018 *****8.75 *****8.75
			300002103623--8 -03/04/97--01069--019 *****165.00 *****165.00
			REINSTATEMENT 95-97 William 2/28/97

8. Name and Address of Current Registered Agent

LAZARO FERNANDEZ
8180 NW 155 STREET
MIAMI LAKES. FL. 33016

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
300002103623--8
-03/04/97--01069--020
Suite, Apt. #, Etc. *****750.00 *****750.00
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

REGISTERED AGENT MUST SIGN

Date

2/28/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Daytime Phone #

2/28/97

CR2E040 (6/94)