

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000096810

1. Corporation Name

MANUEL G. LOPEZ D.D.S. P.A.

Principal Place of Business

4040A SW 57TH AVE
SOUTH MIAMI FL ~~33126~~ 33155

Mailing Address

4040A SW 57TH AVE
SOUTH MIAMI FL ~~33126~~ 33155

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

2. New Principal Office Address, if Applicable

4040 A S.W. 57th Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

4040 A S.W. 57th Ave.
Suite, Apt. #, etc.

City & State

SOUTH MIAMI FL

City & State

SOUTH MIAMI - FL

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	LOPEZ, MANUEL G	4040A SW 57TH AVE	SOUTH MIAMI FL 33126 33155
			600002381836-6 -12/24/97-01038-026 *****750.00 *****750.00
			600002381836-6 -12/24/97-01038-027 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CRUZ, ALEJANDRINA G
780 NW LEJEUNE RD SUITE 427
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name CRUZ ALEJANDRINA G.
Street Address (P.O. Box Number is Not Acceptable)
780 N.W. Le Jeune Rd.
Suite, Apt. #, Etc. Suite 427
City Miami State FL Zip Code 33126

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

Alejandrina G. Cruz
REGISTRED AGENT MUST SIGN

Date 12-15-97

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:

Manuel G. Lopez P.A.
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL G. LOPEZ, DDS

12-15-97

Date

305-67-9661

Daytime Phone #

FILED
97 DEC 22 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 97aw

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1995

5. FEI Number

65-0632019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

C-925040 (8-97)