APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

97AR

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
PG. 1062
97 NOV 10 PM 3:33

Read Instructions on Other Side before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000091927

Noble Dental Lab., inc.
12459 S.W. 130th St. Suit #13
Miami - fl 33186

2. If Address in Block 1 is incorrect, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. TALLAHASSEE, FLORIDA

Address
Address
City and State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 3-20-1996

4. FEI Number: 65-064 9914
FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
D	Chong Andres	4698 S.W. 158th ct	Miami, Fl 3318
V.	Chong Norma	4698 S.W 158th ct	Miami, Fl 3318

000002346710--3
-11713797--01085--003
****165.00 ****165.00

A. Alam 11/10/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Norma Chong
4698 S.W. 158th ct
Miami, Fl 33185

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State: FL.
Zip

9. 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: Norma Chong — Date: 11.4.97
REGISTERED AGENT MUST SIGN

10. 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.)

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., 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 of Officer or Director: Norma Chong — Date: 11.4.97 — Daytime Phone #: 305-5516050

Typed or printed name of signing officer or director

TOTAL P.02

Nov-5-97

Since we have never had a corporation before, we did not realize we had to pay a yearly fee, until my accountant informed me, then is when I called in to request a form, which, is when I realized that you had my address incorrect. Please we plead that you accept our $165.00 as the original fee, because if we had known there was late fee, we would not have waited, because we cannot afford it. Please correct our address.

Thank You,
Very Much.
andres chong

P.S. You mailed me the wrong form, and I called tallahassee again and they tell me that those form were sent by mistake, I spoke with my accountant and she gave me a copy of a form.