


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 296000076242

1. Corporation Name
Dent Medic

2. Principal Office Address <u>3141 NW 108 DR</u>		3. Mailing Office Address <u>3141 NW 108 DR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Coral Springs, FL</u>		City & State <u>Coral Springs, FL</u>	
Zip <u>33065</u>	Country <u>USA</u>	Zip <u>33065</u>	Country <u>USA</u>

900016061529
04/15/03--01023--007 **308.75

4. Date Incorporated or Qualified To Do Business in Florida
9/12/96

5. FEI Number <u>65-0694889</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name
Michael A. Sutton

Street Address (P.O. Box Number is Not Acceptable)
3141 NW 108 DR

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33065

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 Michael A. Sutton Date 4.7.03

REGISTERED AGENT MUST SIGN

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
Pres.	Michael A. Sutton	3141 NW 108 DR	Coral Springs, FL 33065
VP	Georgina Sutton	3141 NW 108 DR	Coral Springs, FL 33065

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 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: Michael A. Sutton Date 4.7.03 Daytime Phone # (951)234-3368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

7/ 4/15

Dent Medic Corp
Michael Sutton
3141 NW 108th Drive
Coral Springs, Florida 33065

To Whom It May Concern,

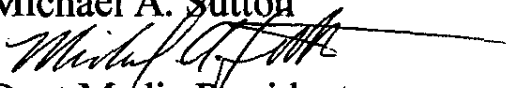
I have recently become aware that my business, Dent Medic Corp., is listed as inactive due to a lack of payment. I have not received the annual corporate dues the past two years. Therefore the bill was not paid. Please accept my request to waive the \$600.00 reinstatement fee.

Enclosed you will find a completed Reinstatement Form, as well as check for \$308.75. The \$8.75 is for a copy of my Certificate of Status.

I thank you, in advance, for your effort in helping me resolve this matter efficiently.

Sincerely,

Michael A. Sutton



Dent Medic President
(954) 234-3368