

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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**APPLICATION
FOR
REINSTATEMENT**



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

1997 NOV 24 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080836

1. Corporation Name

ROLANDO J. MOLINA DDS, P.A.

Principal Place of Business

5991 SW 8 ST.
MIAMI FL 33144

Mailing Address

5991 SW 8 ST.
MIAMI FL 33144



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1996

5. FEI Number

65-0729494

Applied For

Not Applicable

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
D	MOLINA, ROLANDO J	1415 SW 125 CT.	MIAMI FL 33184
			300002358093--0 -11/26/97-01087-004 ****165.00 ****165.00
			7/10/97 11/24/97

8. Name and Address of Current Registered Agent

MOLINA, ROLANDO J
1415 SW 125 CT.
MIAMI FL 33184

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

R. Molina

REGISTERED AGENT MUST SIGN

Date

11/10/97

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: *R. Molina*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Molina - Director: 11/10/97 305-262-0505
Date Daytime Phone #

CR2E040 (8/97)

2

November 18, 1997

Florida Department of State
Division of Corporation
Reinstatement Department
P O Box 6327
Tallahassee, Fl 32314

Re: Annual Report
Document # P96000080836

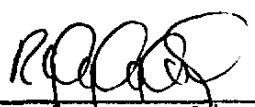
Gentlemen:

As per our phone conversation, attached will find reinstated for my corporation and check in the amount of \$165.00. As I explained I never received any previous annual report from you in order to make payment. I will appreciated if you accept this request of payment and reinstate my corporation.

We will greatly appreciate your cooperation in resolving this matter.

If you have any question do not hesitate to call or write.

Sincerely yours,



Rolando J. Molina DDS PA
5991 S. W. 8 St
Miami, Fl 33144