

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF THE  
DIVISION OF CORPORATIONS

04 APR 29 PM 3:26

DOCUMENT # P96000089026

1. Corporation Name

MARIAD. VALDES - GARCIA D.M.D. P.A.

2. Principal Office Address

28090 W. 81st Ave

Suite, Apt. #, etc.

SUITE 211

City & State

MIAMI FL

Zip

33155

Country

USA

3. Mailing Office Address

2500 SW 81 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33155

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/1996

5. FEI Number

650704131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIAD. VALDES - GARCIA

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

2500 SW 81 AVE

Suite, Apt. #, Etc.

600034758496

04/29/04--01067--017 \*\*150.00

City

MIAMI

State

FL

Zip Code

33155

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

Maria Valdes Garcia  
REGISTERED AGENT MUST SIGN

Date 04/22/04

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
PD	Valdes - Garcia, Maria D	2500 SW 81 AVE	MIAMI, FL 33155
			<u>600034758496</u> <u>04/29/04--01067--018 **150.00</u>

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:

Maria Valdes Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/22/04 3052275888  
Daytime Phone #



**Dr. Maria Valdes-Garcia**

**Member:**

American Dental  
Association,  
Academy of General  
Dentistry,  
South Florida Dental  
Association,  
Hispanic Dental  
Association  
CEOLA HELO Dental  
Association

**For a Healthier, Brighter Smile:**

- ♦ Gentle Cosmetic Dentistry
- ♦ Teeth Whitening
- ♦ Gentle Cleanings
- ♦ Crown and Bridges
- ♦ Removable and Fixed  
Dentures
- ♦ Gentle Gum Care

**Comfort and peace of  
mind for our patients:**

- ♦ Strict sterilization
- ♦ Digital x ray for low radiation
- ♦ Stereo headphones and  
blankets for relaxation
- ♦ Instruments for gentle care

**For your convenience:**

- ♦ Early, evenings, and  
Saturday appointments
- ♦ Emergency care
- ♦ Free covered parking
- ♦ Insurance and Medicaid  
accepted
- ♦ Flexible payment plans
- ♦ We accept Discover,  
Mastercard, Visa, American  
Express, and Care Credit

4/22/04

ENCLOSED IS two checks for  
\$150.00 . ONE IS FOR this year 2004  
AND the other is FOR 2003.  
I NEVER RECEIVED A REMINDER  
OR NOTIFICATION FOR PAYMENT.  
PLEASE ACCEPT MY PAYMENT.

Thank you  
Maria Valdes Garcia