

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 # P96000093624

1. Corporation Name

LIGHTHOUSE POINT DENTAL CENTER, INC.

Principal Place of Business

3963 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

Mailing Address

~~435 E. SHERIDAN STREET~~
~~DANIA FL 33004~~

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

435 E SHERIDAN ST

Suite, Apt. #, etc.

City & State

Dania, FL

Zip

33004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

5. FEI Number

65-0708413

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
President	Luisa F. Garcia	1715 Seagrape Way	Hollywood, FL 33014

REINSTATEMENT

(97)
A. M. M.
11/3/97

8. Name and Address of Current Registered Agent

GARCIA, LUISA F
435 E. SHERIDAN STREET
DANIA FL 33004

9. Name and Address of New Registered Agent

Name

300002340893-0

-11/06/97-01115-023

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

Luisa Garcia

REGISTERED AGENT MUST SIGN

Date

10/28/97

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:

Luisa Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97

Date

(954) 926-5888

Daytime Phone #

CFR2040 (8/97)