

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 23 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003233**

1. Corporation Name

Alberto Mantovani: DDS PA

2. Principal Office Address

1490 West 49th Plce

Suite, Apt. #, etc.

220

City & State

Hialeah FL

Zip

33012

Country

USA

3. Mailing Office Address

1490 West 49th Plce

Suite, Apt. #, etc.

220

City & State

Hialeah FL

Zip

33012

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/13/97

5. FEI Number

59-3430515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

1998-2001 UBR

7. Name and Address of Current Registered Agent

Name

Alberto Mantovani

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

15654 SW 16 St

Suite, Apt. #, Etc.

(Daw)

City

Davie

State

FL

Zip Code

33326

101.25 - AR

400.00 - GRA 10.00 - ARATS

88.75 - ARSUP

8.75 - Cert

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

REGISTERED AGENT MUST SIGN

Date **05-21-01**

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
President	Alberto Mantovani	15654 SW 16 St	Davie FL 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-21-01 (305) 890008

Date

Daytime Phone #

CR2ED81 (9/00)