

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-0010BR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 20 PM 4:00

DOCUMENT #

1. Corporation Name

PA 70000000183
 High-tech Dental Ceramics, INC

2. Principal Office Address

2632 Hollywood Blvd

Suite, Apt. #, etc.

Suite 203

City & State

Hollywood FL

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

33020

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

97

5. FEI Number

65-0759328

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

RICARDO AMAYA

7000003199147-7

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

930 SW 87th AV-

04/07/00-01003-116

***300.00 ***300.00

Suite, Apt. #, Etc.

Pembroke Pines FL

City

33025

State
 FL

Zip Code

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date

2/21/00

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
P.	RICARDO L. AMAYA	930 SW 87th AVENUE	Pembroke Pines FL 33025
T.	RICARDO L. AMAYA	930 SW 87th AVENUE	Pembroke Pines FL 33025
V.	Ralph A. Amaya	930 SW. 87th AVENUE	Pembroke Pines FL 33025
M.	Marily Metia	2215 Roosevelt Ave.	Hollywood FL 33020
M.	Felix Perez	401 Ocean Drive # 819	Miami FL 33139

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

Date

Daytime Phone #

2/21/00 954 929 5255

CR2E081 (9/99)

High Tech Dental Ceramics, Inc
2632 Hollywood Blvd. Suite 203
Hollywood, Florida 33020

To: Department Of State
Division Of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom it may Concern:

Please be formally advised that the reason why I forgot
~~to pay the annually Corporation fees was due to the mis-~~
~~handling of my mail by the Post Office, in many occasions~~
our mail went to the wrong offices, The post office was
contacted and informed about this problem, there are three
Dental Labs in premises and mail lots of times gets delive-
red to these other labs.

I do understand that is my responsability to see that fees
get paid to the state, I have take meassures in order to
avoid a future occurence.

~~I am enclosing a check for the amount of \$300.00 for the~~
reinstatement of Corporation.

Thank you for your attention to the above matter

Respectfully yours



Ricardo L. Amaya
President/Owner

rra/account payable