

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 17 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 25347

1. Corporation Name

MIAMI CONSULTING Firm, INC.

2. Principal Office Address

7329 N.W. 36 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

600009737966

12/30/02--01060--001 \*\*1350.00

7. Name and Address of Current Registered Agent

Name

ALEJANDRO NUNEZ, ESQ

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

250 GIRALDA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date

11-26-02

REGISTERED AGENT MUST SIGN

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	LACAYO, OSCAR	7329 NW 36 STREET	MIAMI, FL 33166
VP	SOUSA, LUIS M.	7329 NW 36 STREET	MIAMI, FL 33166
S/T	RODRIGUEZ, ALFREDO F.	7329 NW 36 STREET	MIAMI, FL 33166

PERMANENT 98000  
1178

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:

ALFREDO RODRIGUEZ

11-26-02

305-7746222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0384

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**DENTICARE PLUS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00