

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 12 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # R97000026673

1. Corporation Name

Samuel Dental Studio

REINSTATEMENT 04-06

2. Principal Office Address

1461 N.W. 72 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1461 N.W. 72 AVE

Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

Plantation

City & State

Plantation

4. Date incorporated or Qualified
To Do Business in Florida

3-25-97

5. FEI Number

65-0738326

☒ Applied For

☐ Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sonia L. Turner (Samuel)

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

1461 N.W. 72 AVE

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33313

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

Sonia L. Turner

Date

May 11, 2006

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	<u>Joseph Samuel</u>	<u>1461 N.W. 72 AVE</u>	<u>Plantation FL 33313</u>
T	<u>Sonia L. Turner (Samuel)</u>	<u>1461 N.W. 72 AVE</u>	<u>Plantation FL 33313</u>
S	<u>Sonia L. Turner (Samuel)</u>	<u>1461 N.W. 72 AVE</u>	<u>Plantation FL 33313</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 contained in Chapter 119, 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:

Joseph H. Samuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2006 (954) 599-0289

Date

Daytime Phone #

292

MAY 11, 2006

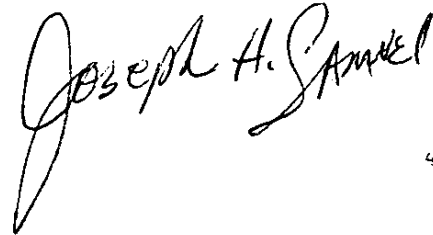
TO WHOM IT MAY CONCERN,

I Joseph Samuel, Owner of Samuel Dental Studio and President of the Company. Sending a Letter of notices Stating that I haven't receive a post card notice of the renewal of my business. Need the state of Tallahassee FL to please waive the fee of 600.00 dollars Due to the year of the business The year 2004.

THANK YOU,

SAMUEL DENTAL STUDIO

JOSEPH H. SAMUEL



(Question)
TRUSTEES
Soniah Turner
(954) 599-0289
1461 N. W. 72 AVE
Plantation FL 33313