

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073759

1. Corporation Name

ADONIS DENTAL LAB INC

2. Principal Office Address - No P.O. Box #

5208 JAMMES RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32210

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1997

5. FEI Number

59-3470737

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

FIRST COAST TAX & ACCOUNTING (607312900112)

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

3811 BLANDING BLVD

Suite, Apt. #, Etc.

STE 3

City

JACKSONVILLE

State

FL

Zip Code

32210

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Demi Duncan

Date 3/4/2010

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	ADONIS IGNACIO	1408 N COVE COURT	ORANGE PARK, FL 32073
VTS	ANNABELLE IGNACIO	1408 N COVE COURT	ORANGE PARK, FL 32073
		M. MILLIGAN EXAMINER	000171537400
		MAR - 9 2010	03/09/10--01004--004 **300.00

10. E-mail Address: FIRSTCOASTTAX@YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Adonis Ignacio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-2010 904 671 5041

FILED

10 MAR -9 PM 3:48

ALLAHASSEE, FLORIDA

09-66

REINSTATEMENT

CR2E081 (11/09)