

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -7 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083523

1. Corporation Name

J & D DENTAL, INC.

Principal Place of Business

8353 S.W. 124TH ST.
SUITE 202
MIAMI FL 33186

Mailing Address

8353 S.W. 124TH ST.
SUITE 202
MIAMI FL 33186



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1997

5. FEI Number

65-0805930

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VELEZ-DEON, WALESKA I DMD	8353 S.W. 124TH ST. #202	MIAMI FL 33186

300002712583--7
-12/15/98--01029--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

VELEZ-LEON, WALESKA I DMD
8353 S.W. 124TH ST.
SUITE 202
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed, the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-12-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

11/12/98 (305) 253-7274
Date Daytime Phone #

CR2E040 (9/98)

2012

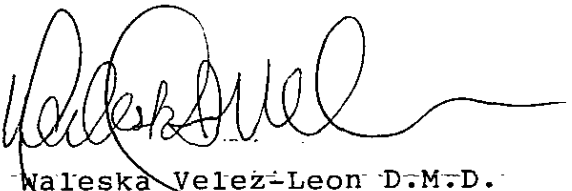
Nov. 13, 1998

TO: Florida Department of State
FROM: Dr. Waleska Velez-Leon
RE: REINSTATEMENT /DOCUMENT #P97000083523

TO WHOM IT MAY CONCERN:

I have not received any corporation documents prior to this one revoking our license. I called and spoke with Mr. Tyrone, and he advised me to send a letter along with my check of \$150.00.
If you have any questions, please call me at (305) 253-7227.
Thank you for help concerning this matter.

Sincerely,



Waleska Velez-Leon D.M.D.