

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 PM 2:51

DOCUMENT # P97000086077

1. Corporation Name

Quality Dental Network inc

2. Principal Office Address

427 Center Pointe Circle

Suite, Apt. #, etc.

Suite 1827

City & State

Altamonte SP FL 32714

Zip

32714

Country

USA

3. Mailing Office Address

110 W. Orange St.

Suite, Apt. #, etc.

Altamonte SP

City & State

Altamonte SP FL

Zip

32714

Country

USA

REINSTATEMENT

00-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59347873

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

Marc ZIPPER

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

110 W. Orange St

Suite, Apt. #, Etc.

Altamonte SP FL

City

Altamonte Springs

State
FL

Zip Code

32714

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

REGISTERED AGENT MUST SIGN

Date

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
<u>Pres</u>	<u>Marc ZIPPER</u>	<u>840 W. Orange St</u>	<u>Altamonte FL 32714</u>
<u>VP</u>	<u>S. Anthony Asensio</u>	<u>110 W. Orange St</u>	<u>Altamonte FL 32714</u>

200042695182
11/12/04--01053--021 **750.00

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/07

CR2E081 (01/04)

11/18/00

212

Quality Dental Network, Inc.

November 11, 2004

Department of State
Division of Corporation
C/o Reinstatement Dept.
409 East Gaines St.
Tallahassee, FL. 32399

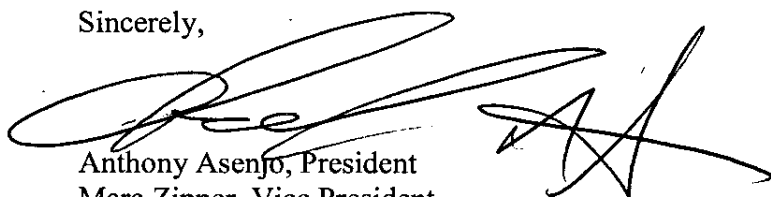
To whom it may concern:

We never received the renewal notice. It went to the wrong address. The notice should of gone to; 110 W. Orange St. Altamonte Springs, FL. 32714

We have included a payment to renew our corporation.

If you have any questions please call 407-682-0277.

Sincerely,

Two handwritten signatures are present. The first signature is a large, flowing cursive script, likely belonging to Anthony Asenjo. The second signature is a more compact, stylized cursive script, likely belonging to Marc Zipper.

Anthony Asenjo, President
Marc Zipper, Vice President
110 W. Orange St.
Altamonte Springs, FL 32714
407-682-0277