

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 PM 1:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025256

1. Corporation Name

SAKR DENTAL ARTS, INC.

REINSTATEMENT

02

000009234170

11/27/02--01018--012 **908.75

2. Principal Office Address

1435 Crocus Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Office Address

1435 Crocus Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1998

5. FEI Number

593501477

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

Danny Sakr

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

1435 Crocus Ct.

Suite, Apt. #, Etc.

City

Longwood

State
FL

Zip Code

32750

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 11-21-02

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/D	Sakr, Danny	1435 Crocus Ct.	Longwood, FL 32750
S	Sakr, Mary	1435 Crocus Ct.	Longwood, FL 32750

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:

DANNY SAKR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-02

Date

407 830 954

Daytime Phone #

CR2E081 (9/01)