

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -5 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000031259**

1. Corporation Name

Papillon Dental Inc

2. Principal Office Address

3146 John P Corci Drive

Suite, Apt. #, etc.

Building 3A Bay 3

City & State

Pembroke Park, F.L

Zip

33009

Country

U.S.A

3. Mailing Office Address

661 NE 56th Court

Suite, Apt. #, etc.

City & State

F.T. Lauderdale F.L

Zip

33334

Country

U.S.A

800083398168

01/05/07--01043--012 *1208.75**

REINSTATEMENT 00-07

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

650825779

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

RUBEN A BEDOYA

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

661 NE 56th Court

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33334

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

Ruben Bedoya

Date **01-02-07**

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	Ruben BEDOYA	661 NE 56th Court	F.T. Lauderdale F.L 33334

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:

Ruben Bedoya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-07 954-684-0800

Date

Daytime Phone #