

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008818381

11/06/02--01031--001 **750.00



DOCUMENT # P98000056173

1. Corporation Name

SUNSHINE STATE DENTISTRY, INC.

Principal Place of Business

SUNSHINE STATE DENTISTRY
4315 NW 7TH STREET SUITE 31
MIAMI FL 33126

Mailing Address

SUNSHINE STATE DENTISTRY
4315 NW 7TH STREET SUITE 31
MIAMI FL 33126

-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

06/23/1998

5. FEI Number

65-0847561

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	CONGOTE, LUIS F DDS	4315 NW 7TH ST SUITE 31	MIAMI FL 33143 Miami FL 33126

8. Name and Address of Current Registered Agent

CONGOTE, LUIS F DDS

4315 NW 7TH ST

SUITE 31

MIAMI FL 33143

Miami FL 33126

9. Name and Address of New Registered Agent

Name

CONGOTE, LUIS F. DDS

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

4315 NW 7TH ST

Suite, Apt. #, Etc.

Suite 31

City

Miami

State

FL

Zip Code

33126

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10-29-02

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 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 of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/02)