

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072131

**1. Corporation Name**

Maria Escoto, D.D.S., P.A.

**2. Principal Office Address**

2895 Collins Avenue

Suite, Apt. #, etc.

**City & State**

Miami Beach, Florida

Zip Country  
33140 USA

**3. Mailing Office Address**

2895 Collins Avenue

Suite, Apt. #, etc.

**City & State**

Miami Beach, Florida

Zip Country  
33140 USA

**REINSTATEMENT 2000**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 18, 1998

**5. FEI Number**

65-0857915

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Maria Escoto

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

2895 Collins Avenue

**Suite, Apt. #, Etc.**

**City**

Miami Beach

300003506613--0

12/28/00 01017 011

\*\*\*\*750.00 \*\*\*\*750.00

State  
FL

Zip Code  
33140

**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

*Maria Escoto*  
REGISTERED AGENT MUST SIGN

Date

12/4/00

**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	Maria Escoto	2895 Collins Avenue	Miami Beach, FL 33140

**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:** Maria Escoto, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maria Escoto*  
D.D.S. P.A.

Date

11/7/00

Daytime Phone #

305-535-2225

(President)

CR2E081 (9/99)