

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 OCT 29 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099819

1. Corporation Name

AD-DENT, INC.

Principal Place of Business

208 DUE EAST AVENUE  
NEW SMYRNA BEACH FL 32169

Mailing Address

1974 STATE RD 44  
NEW SMYRNA BEACH FL 32169



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

01/01/1999

5. FEI Number

59-3545765

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
O 2	PRIETO, ROGGER	1974 STATE RD 44	NEW SMYRNA BEACH FL 32168
S	(Divorced/New Name) Elizabeth Acevedo	208 Due East	N S B Fl. 32169
T	Milagros Prieto	809 Ocean Ave.	N.S.B Fl. 32169

400008639324  
10/29/02--01001--021 \*\*750.00

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

DANIEL S. Friebis

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

3890 Turtle Creek Drive

Suite, Apt. #, Etc.

Suite B-1

City

Port Orange

State

FL

Zip Code

32127

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-02

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 REQUIRED  
Rogger Prieto

Date

Daytime Phone #

10-22-02/384  
428-8553

CR2E040 (8/02)