

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
03 NOV 14 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000099819**

**1. Corporation Name**

AD-Dent, Inc

**2. Principal Office Address**

2568 US Highway 1

**3. Mailing Office Address**

2568 US Highway 1

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip

32132

Country

US

Zip

32132

Country

US

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

Name

Daniel S Friebis

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

3890 Turtle Creek Drive

Suite, Apt. #, Etc.

Suite B

City

Port Orange

State  
**FL**

Zip Code

32127

**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

Date

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	Prieto, Roger	2568 US Highway 1 #4	Edgewater, FL 32132
S	Acevedo, Elizabeth	2568 US Highway 1 #4	Edgewater, FL 32132
T	Prieto, Milagros	809 Ocean Avenue	New Smyrna, FL 32169

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

427-5101

CR2E081 (9/01)