

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102950

1. Corporation Name

CESAR PALOMEQUE, DMD - PA

2. Principal Office Address

3. Mailing Office Address

1101 SW 8 ST

1101 SW 8 ST, Suite 211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

211

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33130

REINSTATEMENT

9903

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65-0960232

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

CESAR PALOMEQUE

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

1101 SW 8 ST

Suite, Apt. #, Etc.

211

City

MIAMI

State

FL

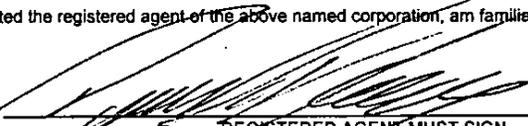
Zip Code

33130

800048847248
03/22/05--01025--020 **1650.00

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 **3/1/2005**

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
D	CESAR PALOMEQUE	1101 SW 8 ST, STE 211	MIAMI, FL 33130

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)(j), 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:



CESAR PALOMEQUE, DIRECTOR

3/1/2005

(305) 856-9837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #