

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -8 AM 11:57

DOCUMENT # P99000003179

1. Corporation Name

J.L. AUTO DENT-IST, INC

2. Principal Office Address

10264 SW 128 CT

Suite, Apt. #, etc.

3. Mailing Office Address

10264 SW 128 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

City & State

MIAMI, FL

Zip

33186

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/1/1999

5. FEI Number

65-0887162

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

JAVIER LARRAURI

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

10264 SW 128 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date

9/21/01

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 / Street / Zip
D	JAVIER LARRAURI	10264 SW 128 CT	MIAMI, FL 33186
D	ANNA C. CORRADO	10264 SW 128 CT	MIAMI, FL 33186

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/19/2001

305-343-0812

Daytime Phone #

**JL AUTO DENT-IST INC**  
**10264 SW 128<sup>TH</sup> CT**  
**MIAMI, FL 33186**  
**TEL:305-343-0812**

September 19,2001

Florida Department of State  
Division of Corporations (Reinstatement Dept)  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: P99000003179

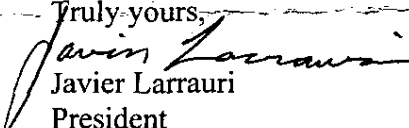
Dear Sir/Madam:

Attached please find a check in the amount of \$300.00 and the reinstatement form for  
J.L. Auto Dent-ist , Inc.

We have not sent the annual report since we never received it. We spoke this morning  
with Mrs. Michele of the reinstatement division, who advice us to send the reinstatement  
report and a check for 300.00 and request a waive of any penalties.

Thank you in advance for your kind cooperation

Truly yours,

  
Javier Larrauri  
President