

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99 000003179

1. Corporation Name

J.L. Auto Dent-ist, Inc

2. Principal Office Address

10264 S.W. 128 CRT.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33186

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06
CR2E081 (12/05)

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

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 S.W. 128 CRT.

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

Javier Larrauri

REGISTERED AGENT MUST SIGN

Date

02/23/2006

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
PRES.	JAVIER LARRAURI	10264 S.W. 128 CRT	MIAMI FL. 33186
V.P.	ANNA C. CORRADO	"	"

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 contained in Chapter 119, 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:

Javier Larrauri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/2006

Date

Daytime Phone #

786-443-3368

TO WHOM IT MAY CONCERN

THIS LETTER IS TO INFORM J.L. AUTO DENT-IST IS NOT RECEIVING THE
ANNUAL POST CARD NOTICE.

MY CURRENT ADDRESS IS

10264 S.W. 128 COURT MIAMI, FLORIDA 33186

I AM ENCLOSING A CHECK FOR THE 2004, 2005 AND 2006 YEAR

AND THIS SHOULD GET ME ALL COUGHT UP TO DATE.

THANK YOU JAVIER LARRAURI