

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006204

1. Corporation Name

ADULT AND GERIATRIC DENTAL CENTER OF SOUTH FLORIDA, P.A.

Principal Place of Business

Mailing Address

1608 EAST COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33334-5719  
US

1608 EAST COMMERCIAL BOULEVARD  
FORT LAUDERDALE FL 33334-5719



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0908853

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	MENCIA, ROSEMARY	10 SENECA RD	FORT LAUDERDALE FL 33308
D	MENCIA, ROSEMARY	10 SENECA RD	FORT LAUDERDALE FL 33308

600025128248

12/01/03--01073--019 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENCIA, ROSEMARY  
10 SENECA RD  
FORT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/03 954-489-1345

CR2E040 (7/03)