

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/21/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0908853	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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

600025128246
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

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: *[Signature]* Date: 11/28/03

REGISTERED AGENT MUST SIGN

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

Date: 11/28/03 Daytime Phone #: 954-489-1345

CR2E040 (7/03)