

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019408

1. Corporation Name

NU DIMENSION DENTAL STUDIO, INC.

2. Principal Office Address

5522 HANLEY RD.

Suite, Apt. #, etc.

STE. 113, PLAZA 2

City & State

TAMPA, FL

Zip

33634

Country

U.S.A.

3. Mailing Office Address

5522 HANLEY RD.

Suite, Apt. #, etc.

STE. 113, PLAZA 2

City & State

TAMPA, FL

Zip

33634

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1999

5. FEI Number

59-3563478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

KIM, CHOONYUN J.

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

5522 HANLEY RD.

Suite, Apt. #, Etc.

STE. 113, ~~PLAZA 2~~ GK.

City

TAMPA

200035557842

05/06/04--01022--006 **90.00

State

FL

Zip Code

33634

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-30-04

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
PD	KIM, CHOONYUN J.	11633 Renaissance View Ct. 11633 KENNETH DAWE	TAMPA, FL 33626
VD	KIM, JISUN	11633 Renaissance View Ct. 11633 KENNETH DAWE	TAMPA, FL 33626

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

CHOONYUN J. KIM 4-30-04 (813) 876-7421

Date

Daytime Phone #

CR2E081 (01/04)