

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 16 AM 8:01

DOCUMENT # P99000040436

1. Corporation Name

Paragon Dental Services, Inc.

2. Principal Office Address

8751 W. Broward Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33324

Country

USA

Zip

Country

200009513522
12/16/02--01035--014--**750.00
REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

April, 1999

5. FEI Number

65-0918092

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

Mark Feinstein, Feinstein & Sorota, P.A.

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

290 NW 165 St.

Suite, Apt. #, Etc.

PH-4

City

Miami

State
FL

Zip Code

33169

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 12-12-02

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/CEO	Leonard A. Weiss, DMD	8751 W. Broward Blvd.	Fort Lauderdale, FL 33324
EVP.	Kim M. Nolan, SPHR	8751 W. Broward Blvd.	Fort Lauderdale, FL 33324
Dir	Michael Flax, DMD	8751 W. Broward Blvd.	Fort Lauderdale, FL 33324

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

Kim M. Nolan

Date

12/10/02

Daytime Phone #

954-476-1182

CR2081 (9/01)