

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000040436

1. Corporation Name

PARAGON DENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

8751 W. BROWARD BLVD.
SUITE 300
FORT LAUDERDALE FL 33324

8751 W. BROWARD BLVD.
SUITE 300
FORT LAUDERDALE FL 33324

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1999

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. 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
PCEO	WEISS, LEONARD A DMD	8751 W. BROWARD BLVD.	FORT LAUDERDALE FL 33324
EVP	NOLAN, KIM M SPHR	8751 W. BROWARD BLVD.	FORT LAUDERDALE FL 33324
D	FLAX, MICHAEL DMD	8751 W. BROWARD BLVD.	FORT LAUDERDALE FL 33324

500024383105
11/03/03--01077--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEINSTEIN, MARK
FEINSTEIN & SOROTA, PA
290 NW 165 ST., PH-4
MIAMI FL 33169

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

10-30-03

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

KIM NOLAN

Date

Daytime Phone #

10/27/03 954-476-1182

CR2E040 (7/03)