

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Katherine Harrell  
Secretary  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 25 PM 3:13

DOCUMENT # **99000042898**

1. Corporation Name

INTERNATIONAL COSMETIC DENTISTRY, INC

2. Principal Office Address

3600 MYSTIC POINTE DR

Suite, Apt. #, etc.

1217 TOWER 300

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Office Address

3600 MYSTIC POINTE DR

Suite, Apt. #, etc.

1217 TOWER 300

City & State

AVENTURA FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-13-99

5. FEI Number

13-4068971

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

EZRA S. MOCHE

600004435636-2

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

3600 MYSTIC POINTE DR

06/21/01 01006 004

Suite, Apt. #, Etc.

1217

TOWER 300 \*\*\*\*300.00 \*\*\*\*300.00

City

AVENTURA

State  
FL

Zip Code

33180

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

5/21/01

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
P	EZRA S. MOCHE	3600 MYSTIC POINTE DR	AVENTURA FL 33180
			SP

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

EZRA S. MOCHE

Date

5/21/01

Daytime Phone #

(201)541022

CR2E081 (9/00)

International Cosmetic Dentistry, Inc.

3600 Mystic Pointe Drive  
Tower 300, Suite 1217  
Aventura, FL 33180

May 21, 2000

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of corporation

To Whom It May Concern,

In behalf of International Cosmetic Dentistry, Inc, I am requesting a one-time waiver of the reinstatement fee.

As evidenced by the attached transcript that I received from my bank, the address of the Company that is on record has no resemblance to the actual address. It is clear to me now that I was not receiving any mail sent to the corporation. I understand that ignorance is not an excuse, but never having been a Florida corporation business owner, I was unaware of the annual uniform business report compliance requirements.

I am requesting, however, that you waive all additional fees for not properly filing and paying the annual corporation fee for the reason stated above. Please accept the enclosed \$300 representing Year 2000 and Year 2001 annual corporation fees.

Thank you for your consideration regarding this matter.

Sincerely,

Ezra S. Moche

