## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

## P99000065669 DOCUMENT #

1. Corporation Name

M & M DENTS CORP.

Principal Place of Business

Mailing Address

7570, 3W 37TH ST. MIAMI FL 33155

7570 SW 37TH ST. MIAMI FL 33155

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



lf above a	nddresses are inc	orrect in any way. Iina	through incorrect	information a	nd onter correction below	¥ lilba u	8 0 (Pa 8 8 8 7 792 A 9 6 77		
2. New Pri	ncipal Office Add	ress, If Applicable		3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 07/16/1999		
Suite, Apt.	#, etc.		Suite, Apt. #				E CELLULAR DE LA CONTRACTOR DE LA CONTRA		
City & State	<del>•</del>		City & State	City & State		65-0937232		Applied For  Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED (15	5 Additional Fee required r a Certificate of Status	
7. Names	and Street Addre	sses of Each Officer a	nd/or Director (Flu	orida nonorol	it comorations must list at	least 3 directors)			
7. Names and Street Addresses of Each Officer and/or Director  Title(s)  1 Name of Officers and/or Directors			, σ σσσ. (	3	Street Address of Ea Officer and/or Direc	ach _	City / State / Zip		
Р	MONGE, MANUEL			7570 SW 37 ST.			MIAMI FL 33155		
\$	MONGE, XINIA M			570 SW	37 ST.		MIAM( FL 33155		
						10/23	00086414	19 **750.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
MONGE, MANUEL 7570 SW 37TH ST. MIAMI FL 33155					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  State  FI  Zip Code			Zip Code	
10. I, beina	appointed the re	gistered agent of the a	bove named com	oration, am f	amiliar with and accept the	obligations of Secti	ion 607.0505, F.S. or 617.0505	FS	
Signature of Registered	i .///	miss pois	ZURE REGISTERED AG	RE	QUIRED	osganons or deci	Date 10-23		

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:

10-23 -02