PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAR DE 2								
APPLICATION FLORIDA DEPARTMENT OF STATE								
FOR				Secretary of State		FILED		
REINSTATEMENT DIVISION OF CORPORATIONS					· · ·			
DOCUMENT # P9900066944					00 DEC 13 PM 1:49			
1. Corporation Name			`		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
DENTALSPA, INC.						4 26 711719964		
Principal Place of Business Mailing Address					-			
			1390 BRICKELL AVENUE SUITE 200					
MIAMI FL 33131 MIAMI FL 33131					TTOURION AND TAKIN TOURI DEALE DEALE DEALE DEALE DEALE DEALE TAKIN TAKIN DEAL TAKIN 1500 martin deale takin takin deale deal			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					04/28/00 90072 037			
			ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State		City & State						
Zip	Country	Zip	Countr	у.	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	T		·····	·····		
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
D	JAEF, MARCELO		1390 BRICKELL AVENUE SUITE 2		······································			
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			66	ENG T			L 15	
						ddress of New Regi	stered Agent	
ALVARO CATILLO B., P.A.					P.O. Box Number is Not Acceptable)			
1390 BRICKELL AVENUE SUITE 200			~		2.O. Box Number is Not Acceptable)			
MAMI	FL 33131		Suite, Apt. #, Etc.					
				City			State 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.								
Signature of Registered Agent								
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.								
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