

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000070777

1. Corporation Name

Fong's Complete Dental Care, Inc.

2. Principal Office Address

1900 North University Dr.

Suite, Apt. #, etc.

Suite 201

City & State

Pembroke Pines, Fl.

Zip

33024

Country

US.

3. Mailing Office Address

1900 N. University Dr.

Suite, Apt. #, etc.

Ste 201

City & State

Pembroke Pines, Fl.

Zip

33024

Country

US

800082443548
12/11/06--01059--013 **750.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/99

5. FEI Number

65 0937178

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

Ian Fong

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

1900 North University Dr.

Suite, Apt. #, Etc.

Ste 201

City

Pembroke Pines

State

FL

Zip Code

33024

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

Ian Fong

Date 12/7/06

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Ian Fong</u>	<u>1900 N. University Dr. Ste 201</u>	<u>Pembroke Pines, Fl. 33024</u>

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 contained in Chapter 119, 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:

Ian Fong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/06

Date

954 432-8992

Daytime Phone #

B. Mitchell

DEC 11 2006

Zofz

Dear Florida Dept. of State,

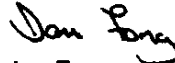
This letter is in reference to:

Fong's Complete Dental Care, Inc.
1900 North University Dr.
Ste 201
Pembroke Pines, Fl. 33024

FEI # - 65-0937178
Document # P99000070777

I did not receive the annual report notices from 2002 to present which resulted in an Administrative Dissolution on 10/04/02. I have included a check for \$750.00 for the Annual Report Fee and the Corporate Supplemental Fee for the Five years of dissolution.

Sincerely Yours,


Ian Fong