

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000110024

1. Corporation Name

AMERICA'S ORAL & FACIAL SURGERY, INC.

Principal Place of Business

302 N.W. 179TH AVENUE
UNIT NO. 202 IN BUILDING NO. 302
PEMBROKE PINES FL 33029

Mailing Address

302 N.W. 179TH AVENUE
UNIT NO. 202 IN BUILDING NO. 302
PEMBROKE PINES FL 33029

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

302 NW 179TH AVE. SUITE 201

3. New Mailing Office Address, If Applicable

302 NW 179TH AVE. SUITE 201

Suite, Apt. #, etc.

PEMBROKE PINES, FLORIDA

Suite, Apt. #, etc.

PEMBROKE PINES, FLORIDA

City & State

City & State

Zip

33029

Country

Zip

33029

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1999

5. FEI Number

65-101 8865

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
PSD	ARROYO, JUAN DR.	302 N.W. 179TH AVENUE	PEMBROKE PINES FL 33029
VPTD	PASTRANA, MIGUEL DR.	302 N.W. 179TH AVENUE	PEMBROKE PINES FL 33029

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

ARROYO, JUAN DR.
302 N.W. 179TH AVENUE
UNIT NO. 202 IN BUILDING NO. 302
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name

JUAN C. ARROYO

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

302 NW 179TH AVE. SUITE 201

Suite, Apt. #, Etc.

1

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/11/00

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: X **SIGNATURE REQUIRED** *PASTRANA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/00

Daytime Phone #

305-656-8546