

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 17 AM 8:00

DOCUMENT # S01913

1. Corporation Name

Dental Management of West Caldwell, Inc.

REINSTATEMENT 01-04
MRD

600028939506
02/17/04--01030--024 **1200.00

2. Principal Office Address 1460 N.W. ±07th Avenue Suite, Apt. #, etc. Suite L City & State Miami, FL Zip 33172		3. Mailing Office Address 1460 N.W. 107th Avenue Suite, Apt. #, etc. Suite L City & State Miami, FL Zip 33172	
Country USA	Country USA		

4. Date Incorporated or Qualified
To Do Business in Florida 9/14/1990

5. FEI Number
65-0268989

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

Michael W. Skop, Esquire

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

12865 West Dixie Highway

Suite, Apt. #, Etc.

Second Floor

City

North Miami,

State
FL

Zip Code
33161

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/12/04

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
PD	Behzad Sedaghat	1460 N.W. 107th Ave., Ste L	Miami, FL 33172

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

[Signature]

Date

2/12/04

Daytime Phone #

305.892.7220

CR2E081 (01/04)