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AND  
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1998 NOV 25 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 5-23461

1. Corporation Name  
EDDY MONTES D.D.S. P.A.

Principal Place of Business Mailing Address  
5870 S.W. 8th #5  
MIAMI, FL 33134

REINSTATEMENT 95-98  
SCC 11-25-98

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

2. New Principal Office Address, if Applicable <u>SAME</u>		3. New Mailing Office Address, if Applicable <u>SAME</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>1-9-91</u>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. FEI Number <u>65-0243189</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	B. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SB./S 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>P/D</u>	<u>EDDY MONTES</u>	<u>4876 N.W. 4 TERR.</u>	<u>MIAMI, FL 33126</u>

8. Name and Address of Current Registered Agent <u>EDDY MONTES</u> <u>4876 N.W. 4 TERR.</u> <u>MIAMI, FL 33126</u>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code	
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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] Date 11/17/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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(2)(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 in person.

SIGNATURE: [Signature] Date 11/17/98-305-446-2967  
Prepared By: Eddy Montes 4876 NW 4 Terr. Miami, FL 33126

CR2000 (2-98)

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Florida Department of State  
Division of Corporations  
Public Access System  
Sandra B. Mortham, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**CORPORATION REINSTATEMENT**

**EDDY MONTES D.D.S., P.A.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,208.75