

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 93 MAY 11 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 540631					
1. Corporation Name JORGE SANCHEZ, D.D.S., P.A.					
Principal Place of Business		Mailing Address			
10760 W. FLAGLER ST #10 MIAMI FL 33174					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. (same)		Suite, Apt. #, etc. (same)		3/25/91	
City & State		City & State		5. FEI Number	
				65-024611	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PTSD	Jorge Sanchez DDSA	10760 W FLAGLER ST #10	MIAMI FL 33174		
			300002529533-5		
			-05/19/98-01081-005		
			*****558.75 *****558.75		
			5-15-98		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Jorge Sanchez 10760 W FLAGLER ST #10 MIAMI FL 33174		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City			
		State FL 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		Date 5/8/98			
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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(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)		5/8/98 (305) 413-7122			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			
Jorge Sanchez / President					

CR2E040 (12/96)