

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
REINSTATEMENT
DOCUMENT # V41218

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

98 AUG 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Tri-Tech Dental Studios, Inc.

Principal Place of Business
**2922 N. State Road #7
Margate, FL 33063**

Mailing Address

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 5322 N.W. 116th Ave		4. Date Incorporated or Qualified To Do Business in Florida 6/2/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0347626	
City & State		City & State Coral Springs, FL		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33076	U.S.		

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
D	David Baskin	5322 N.W. 116th Ave	Coral Springs, FL 33076
D	Shari Whitney	5322 N.W. 116th Avenue	Coral Springs, FL 33076

300002625713--6
-08/26/98-01077-011
****315.00 ****315.00

8/21-98

8. Name and Address of Current Registered Agent David Baskin 2766 Carambola Circle Coconut Creek, FL 33066		9. Name and Address of New Registered Agent Name Shari Whitney Street Address (P.O. Box Number is Not Acceptable) 5322 N.W. 116th Avenue Suite, Apt. #, Etc. City Coral Springs State FL Zip Code 33076	
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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 *Shari Whitney* REGISTERED AGENT MUST SIGN Date **8/15/98**

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(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: *Shari Whitney* **Shari Whitney** 8/15/98 954-796-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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TRI-TECH DENTAL STUDIOS, INC.
2922 N. STATE ROAD #7
MARGATE, FL 33063
(954) 975-2870

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

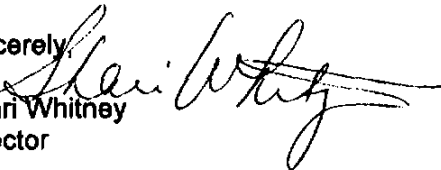
Dear Sir/Madam:

Enclosed please find a check in the amount of \$315.00 representing the state filing fees for 1998 and 1999. The reason we are late in filing is that we never received the package allowing us to do so.

Thank you in advance for your cooperation.

Sincerely,

Shari Whitney
Director

A handwritten signature in cursive script, appearing to read "Shari Whitney", is written over the printed name and title.