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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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STATE
DIVISION OF CORPORATIONS
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CORPORATION
REINSTATEMENT



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

DOCUMENT #

047876

1. Corporation Name

JUIS A ORDONE OOSP 12

REINSTATEMENT

2. Principal Office Address

2682 W 12 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2682 W 12 AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

6/25/72

City & State

Hialeah FL

City & State

Hialeah FL

5. FBI Number

65034458

Zip

Country

33010 USA

Zip

Country

33010 USA

6. CERTIFICATE OF STATUS DESIRED

5-2676 Additional for a Consultant

7. Name and Address of Current Registered Agent

Name

Juis A Ordone

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

2682 W 12 AVE

Suite, Apt. #, Etc.

City

Hialeah FL

State

FL

Zip Code

33010

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 817.0503, F.S.

Signature of Registered Agent

Juis A Ordone

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Juis A Ordone	2682 W 12 AVE	Hialeah FL

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that in this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 907.0401 or 817.0401, F.S., the dues 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)(D), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Juis A Ordone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2001 (3-3) 8

Date

Corporate Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

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

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

CORPORATION REINSTATEMENT

LUIS A. ORDONEZ D.D.S. P.A.

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