

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

07 OCT 12 PM 4:57

DOCUMENT # P00000057202

1. Corporation Name

**Palm Beach Mall Dental, Inc.**

2. Principal Office Address - No P.O. Box #

146 W. 57th Street

3. Mailing Office Address

146 W. 57th Street

Suite, Apt. #, etc.

Apt. 66B

Suite, Apt. #, etc.

Apt. 66B

City & State

New York, NY

City & State

New York, NY

Zip

10019

Country

US

Zip

10019

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

06/13/00

5. FEI Number

58-2572650

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  
**UCC Filing & Search Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1574 Village Square Blvd.**

Suite, Apt. #, Etc.  
**Suite 100**

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32309**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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10/22/07--01013--006 \*\*150.00

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

*Alexander Mikhailov, ASST SEC*  
REGISTERED AGENT MUST SIGN

Date 10/12/07

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
D, P	Alexander Mikhailov, DDS	146 W. 57th Street, Apt. 66B	New York, NY 10019
D, VP	Rostislav Krasnov, DDS	230 W. 56th Street, Apt. 52F	New York, NY 10019
D, S, T	Vadim Valdman, DDS	1830 S. Ocean Drive APT 241	Hallandale, FL 33009

**REINSTATEMENT**

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 contained in Chapter 119, 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:

Alexander Mikhailov, DDS, President

917-414-2738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #