

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 AUG -3 PM 4: 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 583291

1. Corporation Name

DENTAL PRO LAB OF FLORIDA INC

2. Principal Office Address

6793 SW Hwy 200

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34476

Country

USA

3. Mailing Office Address

6220 W Corporate Oaks Dr

Suite, Apt. #, etc.

City & State

Crystal River FL

Zip

34429

Country

USA

**REINSTATEMENT 98-00**

4. Date Incorporated or Qualified To Do Business in Florida

8/24/1978 **SR**

5. FEI Number

59-1845042

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

ROBERT SCHLUMBERGER

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

6220 W CORPORATE OAKS DR

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State

FL

Zip Code

34429

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

*Robert Schlumberger*

REGISTERED AGENT MUST SIGN

Date

8/2/2000

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     |
|--------|-----------------------------------|--|------------------------|
| PD     | KENNETH C GUTHRIE                 | 3600 SW 26th Ave                               | Ocala FL 34474         |
| D      | ROBERT SCHLUMBERGER               | 6220 W CORPORATE OAKS DR                       | CRYSTAL RIVER FL 34429 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

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\*\*\*1050.00 \*\*\*1050.00

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 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:

*Robert Schlumberger*  
ROBERT SCHLUMBERGER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/2000  
Date

352-795-3691  
Daytime Phone #

CR2E081 (9/99)