


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 24 AM 10: 56

**CORPORATION REINSTATEMENT**



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

DOCUMENT # **H08416**

1. Corporation Name  
**Quality Dental Care, Inc.**

2. Principal Office Address <b>2150 Tamiami Tr.</b>		3. Mailing Office Address <b>2150 Tamiami Tr.</b>	
Suite/Apt. #, etc. <b># 19</b>		Suite/Apt. #, etc. <b>19</b>	
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>	
Zip <b>33948</b>	Country <b>US</b>	Zip <b>33948</b>	Country <b>US</b>

**REINSTATEMENT 93-01**

4. Date Incorporated or Qualified  
To Do Business in Florida **6-19-84**

5. FEI Number **59-2442979**      Applicable   
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 **Anthony R. Gaisz D.D.S.**      **500004618785**

Street Address (P.O. Box Number is Not Acceptable) **2150 Tamiami Tr.**

Suite, Apt. #, Etc. **19**      **-10/01/01--01089--004**  
**\*\*\*1950.00 \*\*\*1950.00**

City **Port Charlotte**      State **FL**      Zip Code **33948**

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 *[Signature]*      Date **8/23/01**

REGISTERED AGENT MUST SIGN

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
Pres.	<b>Dr. Anthony R. Gaisz</b>	<b>23387 Westchester Blvd</b>	<b>Port Charlotte, FL 33980</b>

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: *[Signature]*      Date **8/23/01**      Daytime Phone # **941-627-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Anthony R. Gaisz D.D.S.**

CRZE081 (9/00)