

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 15 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L89856**

1. Corporation Name

Academy for Dental Assistants,
Inc.

800006628688--3
-07/25/02--01002--001
*****8.75 *****8.75

2. Principal Office Address

2061 Range Road

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Office Address

3701 Kirby Drive

Suite, Apt. #, etc.

Suite # 550

City & State

Houston, TX 77098

Zip

77098

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-30-90

5. FEI Number

59-3025057

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

800006628688--3
-07/25/02--01002--002
***1050.00 ***050.00

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

Connie Bryan
REGISTERED AGENT MUST SIGN

Date 7-15-02

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
CEO	James M. Usdan	3701 Kirby Dr., #550	Houston, TX 77098
VP	John M. Slack	3701 Kirby Dr., #550	Houston, TX 77098

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:

John M. Slack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John M. Slack

7-10-02

Date

773-490-8400

Daytime Phone #

CR2E061 (9/01)