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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

L98000003377

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 30 AM 10:46

1. DOCUMENT # L98000003377

Name and Mailing Address

0009914 01 FP 0.352 **PRSRT H5 0 0615 33180-147199

GLICKSMAN, MARS & GRAND DENTAL, L.C.
2797 NORTHEAST 207TH STREET
NORTH MIAMI BEACH FL 33180-1471

REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/01/1999

Principal Place of Business: 2797 NORTHEAST 207TH STREET, NORTH MIAMI BEACH FL 33180

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-0883086 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10/22/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARS, RICK A D.D.S.	2797 NORTHEAST 207TH STREET	NORTH MIAMI BEACH FL 33180
MGRM	GLICKMAN, JOEL D.D.S.	2797 NORTHEAST 207TH STREET	NORTH MIAMI BEACH FL 33180
MGRM	GRAND, HARRY S D.M.D.	2797 NORTHEAST 207TH STREET	NORTH MIAMI BEACH FL 33180

REINSTATEMENT 2002

100008700131
10/30/02--01074--004 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 10/22/02 Daytime Phone # 305-935-2797

Typed or printed name of signing Managing Member/Manager