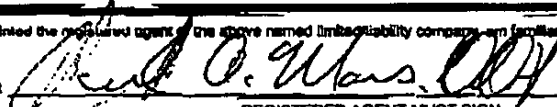


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED OCT 19 AM 8:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (8/05)	
DOCUMENT # L98000003377					
1. Limited Liability Company's Name Glicksman, Mars & Grand Dental, L.C.					
2. Principal Office Address 2797 Northeast 207th Street Suite, Apt. #, etc.		3. Mailing Office Address 2797 Northeast 207th Street Suite, Apt. #, etc.		4. State/Country of Formation Florida/USA	
City & State North Miami Beach, Florida		City & State North Miami Beach, Florida		5. Date Organized or Qualified To Do Business in Florida December 24, 1998	
Zip 33180		Country USA		6. FEI Number 65-0883086	
7. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable			
8. Name and Address of Current Registered Agent					
Name Rick A. Mars, D.D.S.					
Street Address (P.O. Box Number is Not Acceptable) 2797 Northeast 207th Street					
Suite, Apt. #, Etc. Suite 100					
City North Miami Beach				State FL	
				Zip Code 33180	
9. 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 10/18/05	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	Rick A. Mars, D.D.S.	2797 Northeast 207th Street	North Miami Beach, FL 33180		
MGRM	Joel Glickman, D.D.S.	2797 Northeast 207th Street	North Miami Beach, FL 33180		
REINSTATEMENT 2005					
400060923044 10/25/05--01058--007 **150.00					
					
11. 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 10/18/05	
Typed or printed name of signing Managing Member/Manager		RICK A. MARS, D.D.S.			
Daytime Phone # 305-935-2797					