PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 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	3. Mailing Office Address
2797 Northeast 207th Street	2797 Northeast 207th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
North Miami Beach, Florida	North Miami Beach, Florida
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: December 24, 1998

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

7. CERTIFICATE OF STATUS DESIRED ☐

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: Rick A. Mars, DDS
REGISTERED AGENT MUST SIGN
Date: 10/18/05

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--01059--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: Rick A. Mars, DDS Date: 10/18/05 Daytime Phone #: 305-935-2797

Typed or printed name of signing Managing Member/Manager: RICK A. MARS, DDS