

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 FEB -9 PM 3:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **M03000001803**

1. Limited Liability Company's Name

DeCare Dental Networks, LLC

000066209830
02/20/06--01059--024 **250.00

CR2E041 (8/05)

2. Principal Office Address

3560 Delta Dental Drive

Suite, Apt. #, etc.

City & State

Eagan, MN

Zip

55122

Country

USA

3. Mailing Office Address

3560 Delta Dental Drive

Suite, Apt. #, etc.

City & State

Eagan, MN

Zip

55122

Country

USA

4. State/Country of Formation

Minnesota

5. Date Organized or Qualified To Do Business in Florida

6/3/2003

6. FEI Number

73-1665525

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

Name

CT Corporation System

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

1200 South Pine Island

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Michele Miller

**Michele Miller
Assistant Secretary**

Date

2/8/06

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
Chief Mgr	Michael F. Walsh	3560 Delta Dental Drive	Eagan, MN 55122
Mgr.	David B. Morse	3560 Delta Dental Drive	Eagan, MN 55122
Mgr.	Nancy L. McMorrان	3560 Delta Dental Drive	Eagan, MN 55122
Mgr.	Dani V. Fjelstad	3560 Delta Dental Drive	Eagan, MN 55122

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

Nancy L. McMorrان

Date 1/26/06

Daytime Phone # 651-406-5987

Typed or printed name of signing Managing Member/Manager

Nancy L. McMorrان