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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : SMART TAX  
Account Number : I20090000034  
Phone : (954) 782-3610  
Fax Number : (954) 366-3239

DISSOLUTION OR WITHDRAWAL  
BRAZILIAN'S DENTAL CENTER, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

12 APR 10 AM 8:13

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 APR 10 AM 8:48

APPROVED  
AND  
FILED

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*not*  
APR 01 2012  
J. LEMIEUX

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
BRAZILIAN'S DENTAL CENTER, CORP.

SECOND: The document number of the corporation (if known): P06000020436

THIRD: The date dissolution was authorized: 04/06/2012

Effective date of dissolution if applicable:  
(no more than 90 days after dissolution file date)

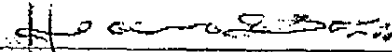
FOURTH: Adoption of Dissolution (CHECK ONE)

- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature:   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

HEDIMO NOGUEIRA DE SA  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

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AND  
FILED  
12 APR 10 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BRAZILIAN'S DENTAL CENTER, CORP.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

REFERENCE TO THE SUBJECT OF THE CLAIM.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO BOX: 4185  
DEERFIELD BEACH, FL 33442-4185  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

HEDIMO NOGUEIRA DE SA  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

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