

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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97 AR
 FLORIDA DEPARTMENT OF STATE
 J. B. M...
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 27 AM 10:59

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P95000060280
 1. Corporation Name
DENTAL PROFESSIONAL SERVICES, INC.

Principal Place of Business 481 E HILLSBORO BLVD 200A DEERFIELD BEACH FL 33441 US	Mailing Address 481 E HILSS BORO 200 A DEERFIELD BEACH FL 33441 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/04/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0600164	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	GLICK, MICHAEL S	17875 SCARSDALE WAY	BOCA RATON FL

200002331452--7
 -10/28/97-01048-012
 ****173.75 ****173.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GLICK, MICHAEL S 481 E HILLSBORO BLVD SUITE 200 A DEERFIELD BEACH FL 33441		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* Date: 10/23/97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: *[Signature]* Michael S. Glick 10/23/97 9544290057
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (8/97)

2

MEMO

DATE: 10/23/97

TO: DEPT. OF STATE

FROM: MICHAEL S. GLICK

RE: CORPORATION ANNUAL REPORT (DOCUMENT #: P95000060280)

DEAR SIR/MADAM,

PURSUANT TO MY CONVERSATION WITH YOUR OFFICE TODAY, 10/23/97, PLEASE BE ADVISED THAT THE ORIGINAL DOCUMENT FOR FILING WAS MAILED TO YOU ON 1/7/97.

I HAVE ENCLOSED A MONEY ORDER AND A COPY OF THE ORIGINAL FILING FORM, ALONG WITH A NEW LATE FORM FOR ORIGINAL SIGNATURE INFORMATION.

THANK YOU FOR YOUR IMMEDIATE ATTENTION TO THIS MATTER.

SINCERELY,



MICHAEL S. GLICK