

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 JAN 10 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200003099512--8  
-01/14/00--01038--013  
\*\*\*300.00 \*\*\*300.00

**REINSTATEMENT**

DOCUMENT # PA7000019321  
1. Corporation Name  
DENTCOR, INC.

Principal Place of Business  
2234-W West Atlantic Avenue  
Delray Beach, Florida 33445  
Mailing Address

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 Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified To Do Business in Florida  
2/25/97  
5. FEI Number  
65-0737516  
Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  09.75 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
Dir.	Jack Castle	1360 Post Oak Blvd., #1300	Houston, TX 77056
CEO	Jack H. Castle, Jr.	1360 Post Oak Blvd., #1300	Houston, TX 77056
Pres.	G. Daniel Siewart	1360 Post Oak Blvd., #1300	Houston, TX 77056
V.P.	John M. Slack	1360 Post Oak Blvd., #1300	Houston, TX 77056
CFO	John M. Slack	1360 Post Oak Blvd., #1300	Houston, TX 77056
Sec.	John M. Slack	1360 Post Oak Blvd., #1300	Houston, TX 77056

8. Name and Address of Current Registered Agent  
CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324  
9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
200003099512--8  
Suite, Apt. #, Etc. -01/14/00--01038--014  
City State Zip Code  
\*\*\*\*\*8-75 State \*\*\*\*\*8-75  
FL

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 Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date 1/10/2000  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: John M. Slack John M. Slack, VP/Sec. 1/7/00 713-479-8000  
Date Daytime Phone #