

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 FEB -1 AM 11:14

DOCUMENT # P99000068156

1. Corporation Name
 NATURAL AESTHETIC DENTAL LABORATORY, INC.

Principal Place of Business Mailing Address
 4924 URANUS AVE 4924 URANUS AVE
 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>4181 Highland Loop</i>	3. New Mailing Office Address, If Applicable <i>4181 Highland Loop</i>	4. Date Incorporated or Qualified To Do Business in Florida 07/19/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3592858
City & State <i>New Port Richey, FL</i>	City & State <i>New Port Richey, FL</i>	Applied For Not Applicable
Zip <i>34653</i>	Zip <i>34653</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
County <i>USA</i>	County <i>USA</i>	

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	4 City / State / Zip
P	VILAIHONG, DETTHANONGSIN	4924 URANUS AVE	NEW PORT RICHEY FL 34652
			800004882758--0 -02/06/02--01031--004 ***150.00 ***150.00
			800004882758--0 -02/06/02--01031--005 ***150.00 ***150.00

8. Name and Address of Current Registered Agent VILAIHONG, DETTHANONGSIN 4924 URANUS AVE NEW PORT RICHEY, FL 34652	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 *12-1-01*
 REGISTERED AGENT MUST SIGN

11. 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)(i), 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]* DETTHANONGSIN VILAIHONG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *12-1-01* Daytime Phone # *727 845-4958*

CR2E040 (8/01)

Natural Aesthetic Dental Laboratory, Inc.
4181 Highland Loop
New Port Richey, FL 34652
Tel No. (727) 845-4958

January 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sub: Reinstatement
Ref: P99000068156, Your Ref: Letter Number:301A00066471

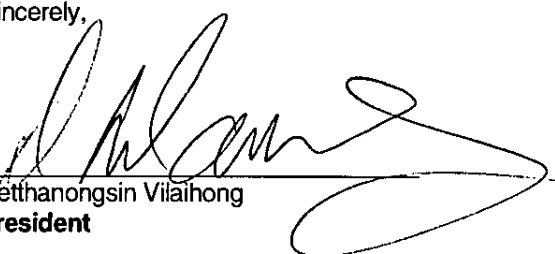
Dear Sir or Madam:

I have received your letter dated December 19, 2001 (Your Ref. No. 301A00066471). I have not received original notices and I received final notice at the same time I received application for reinstatement. I was in process of move from my one office to another office. I am small employer and working hard to pay my bills. I am sending you back again reinstatement application form and fee for the year 2001. I request you to waive penalty and reinstate corporation. I have also enclosed here with another check of \$150.00 to cover the fees for the year 2002.

As per your letter, I have signed on application form.

Thanking you,

Sincerely,


Dettthanongsin Vilaihong
President