PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 JAN 30 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p99000080313

1. Corporation Name

Spelios Dental Associates, P.A.

2. Principal Office Address	3. Mailing Office Address
318 Plaza Real	318 Plaza Real
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country:	Zip: 33432 Country:

4. Date Incorporated or Qualified To Do Business In Florida: September 10,1999

5. FEI Number: 06-155-7321 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 So. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 34698

REINSTATEMENT 02-02 cc

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Rogers Date: 1/30/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carter Waller	318 Plaza Real	Boca Raton, FL 33432
T	Carter Waller	318 Plaza Real	Boca Raton, FL 33432
S	Linda Oubre	490 North Wiget Lane	Walnut Creek, CA 94598
D	Carter Waller	318 Plaza Real	Boca Raton, FL 33432
		1	000049314312 02/15/02 01063-012 ***1050.00 ***1050.00

10. 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: Carter Waller 1/24/01 561 9014700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORPORATION

CORPORATION(S) NAME

Spelios Dental Associates, P.A.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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02 JAN 30 AM 11:14
DIVISION OF CORPORATION

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/30/02

FILE FIRST

Order#: 5054627

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615