PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # 566686

1. Corporation Name

CONCEPT TWO DENTAL, INC.

2. Principal Office Address	**3.** Mailing Office Address
8320 W. SUNRISE BLVD.	SAME,
Suite, Apt. #, etc. SUITE 215	Suite, Apt. #, etc.
City & State PLANTATION, FL	City & State
Zip 33322 / Country USA	Zip / Country

2000-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida – 2/28/1978

5. FEI Number 59-1814832 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARK L. SCHMIDT

600005097346--4
-03/12/02--01058--030
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 11920 SW. 22 COURT

Suite, Apt. #, Etc.

City: DAVIE | State: FL | Zip Code: 33325

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 _____ Date 2/11/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	MARK L. SCHMIDT	11920 S.W. 22 CT.	DAVIE, FL 33325
S	CELIA SCHMIDT	11920 S.W. 22 CT.	DAVIE, FL 33325

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: _____ MARK L. SCHMIDT 2/11/02 (954) 472-6450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONCEPT TWO DENTAL, INC.

8320 W. Sunrise Boulevard, Suite 215
Plantation, FL 33322
Phone - 954.472.6450
Fax - 954.472.6420
E-Mail Address – bizops4mls@cs.com

February 13, 2002

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

RE: Corporation Reinstatement
Concept Two Dental, Inc.
FEI No. 59-1814832

Ladies and Gentlemen:

Enclosed please find our completed Corporation Reinstatement Form, as well as Check No. in the amount of $450.00 for the Annual Report Fees and Corporate Supplemental Fees for the years 2000, 2001 and 2002.

This letter is to request a waiver of penalty fees. We moved our office to 8320 W. Sunrise Boulevard, Suite 215, Plantation, Florida 33322 in August of 1999, and never received the Notices, due to this change of address. After realizing our status was inactive, we phoned the Division of Corporations and spoke to a representative, who explained they have on record that they attempted to send the "2000" Notice, but it was returned as undeliverable.

We look forward to reinstating our Corporation. If you have any questions or comments, please do not hesitate to contact us.

Very truly yours,

Mark L. Schmidt
President

MLS:dlv

Enclosures